

# NY EICC

Early Intervention Panel Discussion  
June 10, 2020

*Public Consulting Group*



Solutions that Matter

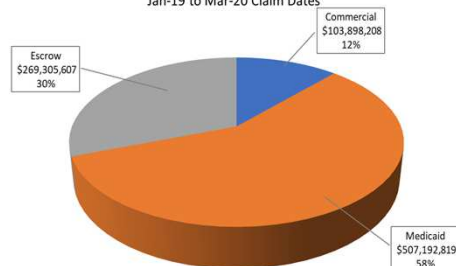
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## SFA Billing and Claiming Statistics

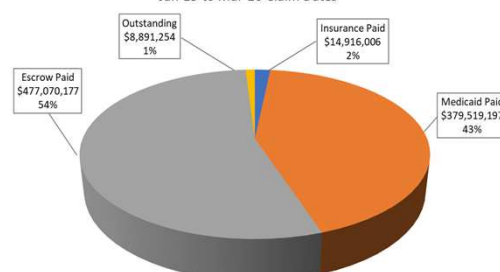


- For the 15 month period from January 1, 2019 to March 31, 2020, the SFA has billed \$880.4 million in claims. Providers have received \$871.5 million in payments with \$8.9 million outstanding for that period. Since 4/1/13 more than \$4.4 billion worth of claims have been processed and 99.8% paid.

Claims Submitted by Commercial Insurance, Medicaid and Escrow  
Jan-19 to Mar-20 Claim Dates



Claim Adjudication Rates  
Jan-19 to Mar-20 Claim Dates



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## Commercial Insurance Denial Rates

Regulated plans only



October 2018 - March 2019 (6 Months)

Claim Status	# Services	Billed Amount	Paid Amount	Denial %	Denial Rate
PAID	164,755	\$10,535,001	\$5,751,614		
DENIED	401,900	\$26,238,241	\$0	100.0%	<b>71.4%</b>
Grand Total	566,655	\$36,773,242	\$5,751,614		

October 2019 - March 2020 (6 Months)

Claim Status	# Services	Billed Amount	Paid Amount	Denial %	Denial Rate
PAID	207,964	\$13,429,864	\$5,282,027		
DENIED	341,887	\$22,909,737	\$0	100.0%	<b>63.0%</b>
Grand Total	549,851	\$36,339,601	\$5,282,027		

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## Commercial Insurance Denial Rates

Regulated plans only



October 2018 - March 2019 (6 Months)

Denial Reason	# of Services	Sum of Billed	Denial %
Authorization	112,790	\$ 7,491,090	28.6%
Benefits	79,488	\$ 4,728,570	18.0%
Eligibility	60,034	\$ 3,920,097	14.9%
Patient Responsibility	32,612	\$ 2,288,552	8.7%
Out-of-Network	24,384	\$ 1,626,185	6.2%

Top Denial Reasons for Insurance claims processed 10/1/18 - 3/31/19  
(a) Any claims with a partial payment are excluded here

October 2019 - March 2020 (6 Months)

Denial Reason	# of Services	Sum of Billed	Denial %
Authorization	104,340	\$ 7,205,153	31.5%
Benefits	89,763	\$ 5,705,807	24.9%
Eligibility	34,715	\$ 2,181,059	9.5%
Patient Responsibility	29,064	\$ 2,131,958	9.3%
Contractual Adjustment	26,342	\$ 1,854,397	8.1%

Top Denial Reasons for Insurance claims processed 10/1/19 - 3/31/20  
(a) Any claims with a partial payment are excluded here

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## Open Claims in the EIBilling System



For the period from April 1, 2013 through March 31, 2020 the following data represents the total number of claims not adjudicated, and the monetary amount associated with those claims.

With more than 59 million claims processed, the 148,540 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	\$6,053,323.64	72,712	\$3,732,217.63	45,157
ESCROW	-\$455,248.05	85,152	-\$459,889.93	49,341
MEDICAID	\$3,273,722.45	158,200	\$2,457,944.42	54,042
<b>Total</b>	<b>\$8,871,798.04</b>	<b>316,064</b>	<b>\$5,730,272.12</b>	<b>148,540</b>

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## 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	2,378	\$ 160,023	702	\$ 74,764	22.8%	31.8%
United HealthCare	4,461	\$ 328,518	3,046	\$ 213,964	1,415	\$ 114,554	31.7%	34.9%
Oxford	5,702	\$ 438,692	4,378	\$ 316,192	1,324	\$ 122,500	23.2%	27.9%
Fidelis	3,167	\$ 255,006	1,681	\$ 123,393	1,486	\$ 131,613	46.9%	51.6%
GHI	5,400	\$ 404,244	117	\$ 5,327	5,283	\$ 398,917	97.8%	98.7%
Empire	3,212	\$ 232,803	3,834	\$ 288,285	(622)	\$ (55,482)	-19.4%	-23.8%
Wellcare	1,655	\$ 116,402	289	\$ 29,414	1,366	\$ 86,989	82.5%	74.7%
<b>Total</b>	<b>26,677</b>	<b>\$ 2,010,452</b>	<b>15,723</b>	<b>\$ 1,136,597</b>	<b>10,954</b>	<b>\$ 873,855</b>	<b>41.1%</b>	<b>43.5%</b>

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## Top 16 Payers



Payer Name	# of Services	Billed Amount	Paid Amount	% of Total Payer Billed Amount	Primary Denial Reason	% Paid 2020*	% Paid 2019**	% Paid 2018***	% Paid 2017****	% Paid 2016*****	% Paid 2015*****
UnitedHealthcare	37,103	\$2,335,990	\$478,022	15.7%	Patient Responsibility	20.5%	29.7%	29.6%	28.6%	28.0%	25.0%
Fidelis	30,803	\$2,021,166	\$15,698	13.5%	Authorization	0.8%	2.7%	3.2%	3.5%	3.7%	2.2%
Emblem	28,191	\$1,932,166	\$499,230	13.0%	Patient Responsibility	25.8%	27.0%	25.7%	22.3%	15.6%	13.7%
GHI - New York	20,397	\$1,412,010	\$362,786	9.5%	Patient Responsibility	25.7%	29.4%	30.6%	29.7%	28.5%	25.7%
Oxford	21,504	\$1,307,613	\$124,294	8.8%	Benefits	9.5%	6.2%	6.8%	7.8%	7.6%	6.2%
Amerigroup	14,614	\$947,164	\$59,750	6.3%	Benefits	6.3%	2.8%	5.7%	6.1%	5.5%	3.4%
Americhoice	13,631	\$853,245	\$15,757	5.7%	Authorization	1.8%	2.9%	3.5%	4.9%	4.9%	6.6%
Aetna	9,586	\$647,988	\$95,517	4.3%	Authorization	14.7%	16.8%	14.9%	15.9%	19.3%	18.0%
HIP	7,720	\$585,101	\$14,057	3.9%	Authorization	2.4%	2.1%	3.1%	2.4%	4.0%	3.4%
Excellus	8,928	\$564,327	\$130,460	3.8%	Benefits	23.1%	22.8%	22.4%	24.3%	26.4%	28.2%
Empire BCBS of NY	7,950	\$542,044	\$27,679	3.6%	Benefits	5.1%	3.3%	6.7%	6.4%	6.3%	3.6%
HealthFirst	5,698	\$434,133	\$28,531	2.9%	Contractual Adjustment	6.6%	1.6%	1.8%	1.2%	2.4%	1.8%
MVP	5,791	\$382,171	\$64,316	2.6%	Authorization	16.8%	17.2%	14.4%	32.9%	42.2%	43.1%
HealthNow - BCBS of WNY	5,308	\$340,795	\$118,495	2.3%	Benefits	34.8%	29.5%	26.0%	27.8%	25.9%	25.8%
Cigna	5,142	\$332,478	\$52,993	2.2%	Out-of-Network	15.9%	15.9%	13.6%	8.6%	7.9%	9.4%
CDPHP	4,692	\$279,184	\$21,519	1.9%	Authorization	7.7%	2.6%	0.2%	1.5%	1.4%	1.2%
<b>Total</b>	<b>227,058</b>	<b>\$14,917,574</b>	<b>\$2,109,104</b>	<b>100.0%</b>		<b>14.1%</b>	<b>15.5%</b>	<b>15.9%</b>	<b>16.4%</b>	<b>17.3%</b>	<b>15.4%</b>

These payers represent approximately 96.8 percent of total claims billed for regulated plans..

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

\*2020 Time Period: January 1, 2020 through March 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

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## Medicaid Code 35 Assignment Statistics



July 2016 – May 2020 (47 months)

Source	Period	Successful	Unsuccessful	Total	Success %
PCG Assignment File	Jul. 2016 – pres.	236,738	112,647	349,385	68%
OHIP Data Exchange	Dec. 2016 - pres.	142,250	2,451	144,701	98%
Conflict Report Corrections	Apr. 2017 – pres.	31,774	799	32,573	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

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## Medicaid Sweep Process

For the period from July 2013 through March 2020 there have been 1.8 million claims totaling \$124.6 million processed in Medicaid Sweeps. Medicaid has paid 71.2% totaling \$86.7 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	2020	16,477	\$557,609	\$51,865
Medicaid Recoup	2020	50,904	\$3,745,201	\$2,632,680
<b>Total 2020 Code 35 and Medicaid Recoup Sweep</b>		<b>67,381</b>	<b>\$4,302,810</b>	<b>\$2,684,545</b>
Code 35	2019	77,004	\$2,689,794	\$338,716
Medicaid Recoup	2019	197,650	\$15,020,242	\$10,250,291
<b>Total 2019 Code 35 and Medicaid Recoup Sweep</b>		<b>274,654</b>	<b>\$17,710,036</b>	<b>\$10,589,007</b>
Code 35	2018	7,433	\$254,946	\$80,054
Medicaid Recoup	2018	183,868	\$13,832,048	\$9,946,891
<b>Total 2018 Code 35 and Medicaid Recoup Sweep</b>		<b>191,301</b>	<b>\$14,086,994</b>	<b>\$10,026,945</b>
Code 35	2017	99,551	\$3,169,550	\$2,317,003
Medicaid Recoup	2017	204,637	\$15,339,435	\$11,933,188
<b>Total 2017 Code 35 and Medicaid Recoup Sweep</b>		<b>304,188</b>	<b>\$18,508,985</b>	<b>\$14,250,191</b>
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
<b>Grand Total of All Sweeps</b>		<b>1,757,587</b>	<b>\$124,556,256</b>	<b>\$86,743,810</b>

Note:  
Code 35 initial sweep date 5/16/17  
Medicaid Recoup initial sweep date 7/29/13

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## 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 2 payers, 9 are only missing one payer and 11 are completely enrolled.

There are 624 providers enrolled in 835's for all payers where they submit claims

Remittance Data Entry					
Description	Oct 2015 - Mar 2016	Oct 2016 - Mar 2017	Oct 2017 - Mar 2018	Oct 2018 - Mar 2019	Oct 2019 - Mar 2020
835	21.3%	37.9%	40.1%	45.1%	42.4%
EOB Entry	54.5%	37.1%	34.7%	30.0%	38.3%
Remit Posting	23.3%	24.3%	24.3%	23.7%	15.7%
All Other	0.9%	0.8%	0.9%	1.1%	3.6%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

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## Extraordinary Circumstance



- 49 providers have entered an Extraordinary circumstance since implementing the 90 day filing limit on February 10, 2019
- 54.3k claims totaling \$3.6m have been submitted 100+ days after the DOS
- 7.8k of the claims totaling \$631.4k had an active EC
- 46.5k of the claims totaling \$2.9m 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
Audit Findings	10	1,897
Death of essential personnel	4	976
Hospitalization	12	796
State Administrative Delay	25	4,109
Natural Disaster/State of Em	3	33
<b>Grand Total</b>	<b>54</b>	<b>7,811</b>

Active EC	# of 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	7,811	\$631,350	\$15,855	\$251,446	\$142,192	\$294,937	\$19,108		
No	46,521	\$2,927,523	\$26,824	\$1,263,381	\$24,333	\$1,694,767	\$206,949		
<b>Grand Total</b>	<b>54,332</b>	<b>\$3,558,873</b>	<b>\$42,680</b>	<b>\$1,514,827</b>	<b>\$166,525</b>	<b>\$1,989,704</b>	<b>\$226,057</b>	<b>10,796,620</b>	<b>0.5%</b>

Note: Data includes DOS February 10, 2019 through March 31, 2020

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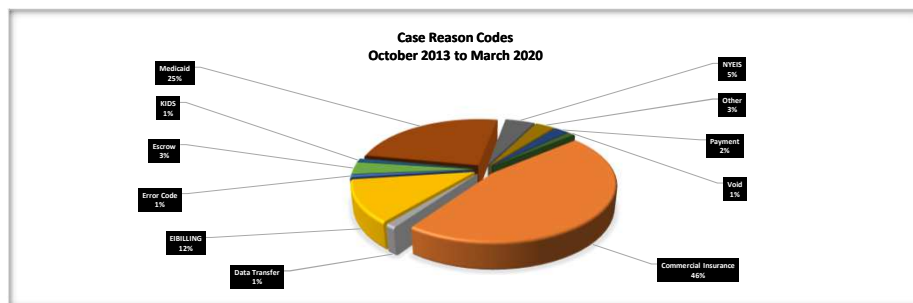
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## SFA Call Center Statistics

### Operations Metrics: Call Center



- From October 1, 2013 to March 31, 2020 PCG has handled over 88,000 calls.
- The average call volume per day is 54.34 calls
- 80.25 percent of cases are resolved within 24 hours and 86.22 percent are resolved within five days
- Average age of call center cases is 5.92days



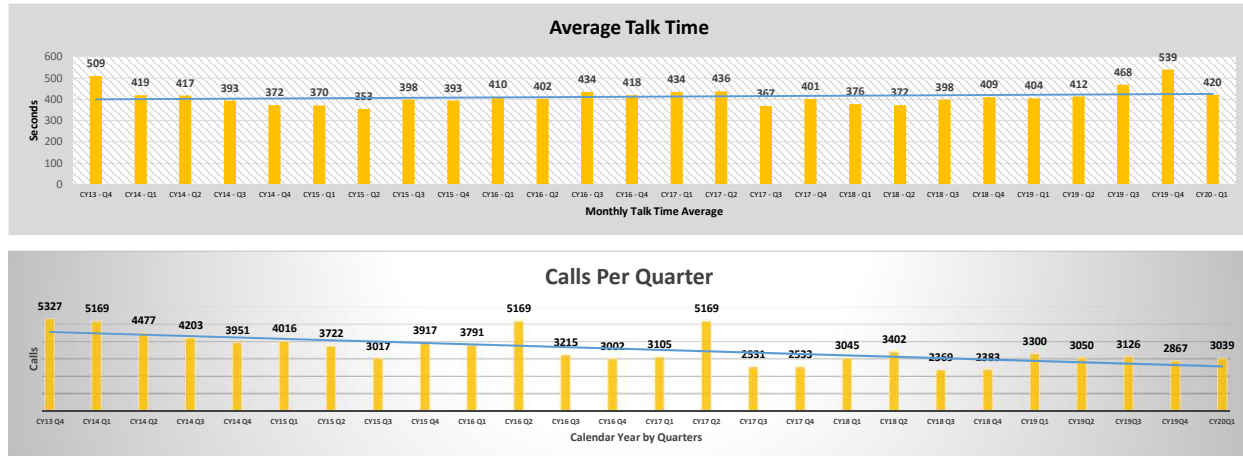
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## Call Center Trends



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## Question and Answer

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## Question and Answer

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