

NY EICC

Early Intervention Coordinating Council Meeting
September 24, 2020

Public Consulting Group



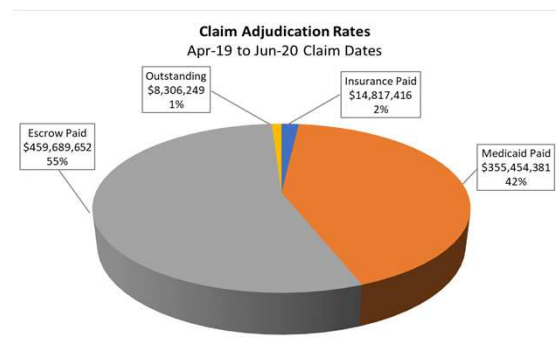
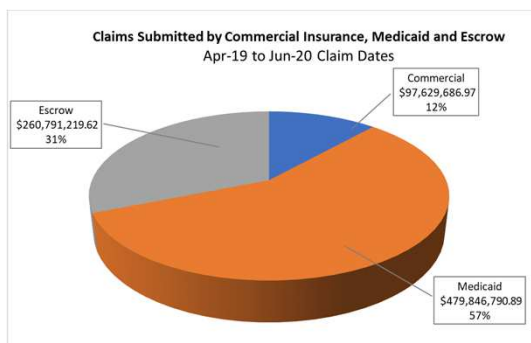
Solutions that Matter

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SFA Billing and Claiming Statistics



- For the 15-month period from April 1, 2020 to June 30, 2020, the SFA has billed \$838.3 million in claims. Providers have received \$830 million in payments with \$8.3 million outstanding for that period. Since 4/1/13, more than \$4.6 billion worth of claims have been processed and 99.3% paid.



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Commercial Insurance Denial Rates

Regulated plans only



January 2019 - June 2019 (6 Months)

Claim Status	# Services	Billed Amount	Paid Amount	Denial %	Denial Rate
PAID	165,669	\$10,736,607	\$5,734,678		
DENIED	416,347	\$27,586,326	\$0	100.0%	72.0%
Grand Total	582,016	\$38,322,933	\$5,734,678		

January 2020 - June 2020 (6 Months)

Claim Status	# Services	Billed Amount	Paid Amount	Denial %	Denial Rate
PAID	193,107	\$12,580,365	\$4,668,541		
DENIED	337,089	\$22,809,783	\$0	100.0%	64.5%
Grand Total	530,196	\$35,390,148	\$4,668,541		

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Commercial Insurance Denial Rates

Regulated plans only



January 2019 - June 2019 (6 Months)

Denial Reason	# of Services	Sum of Billed	Denial %
Authorization	118,464	\$ 7,822,453	28.4%
Benefits	86,700	\$ 5,365,765	19.5%
Eligibility	55,263	\$ 3,715,024	13.5%
Patient Responsibility	36,596	\$ 2,615,894	9.5%
Contractual Adjustment	26,436	\$ 1,792,320	6.5%

Top Denial Reasons for Insurance claims processed 1/1/19 - 6/30/19

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

January 2020 - June 2020 (6 Months)

Denial Reason	# of Services	Sum of Billed	Denial %
Authorization	82,083	\$ 5,730,437	25.1%
Benefits	68,812	\$ 4,336,786	19.0%
Eligibility	54,770	\$ 3,506,436	15.4%
Patient Responsibility	33,142	\$ 2,362,500	10.4%
Billing	26,339	\$ 2,106,189	9.2%

Top Denial Reasons for Insurance claims processed 1/1/20 - 6/30/20

(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 June 30, 2020 the following data represents the total number of claims not adjudicated, and the monetary amount associated with those claims.

With more than 60 million claims processed, the 156,732 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	\$5,235,354.64	63,255	\$3,999,449.36	48,045
ESCROW	-\$386,502.35	60,404	-\$510,229.34	55,621
MEDICAID	\$2,992,358.00	72,898	\$2,339,004.10	53,066
Total	\$7,841,210.29	196,557	\$5,828,224.12	156,732

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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 ongoing.

Payer	Beginning		Current		Change		% Change	
	# Claim	Outstanding \$	# Claim	Outstanding \$	# Claim	Outstanding \$	# Claim	Outstanding \$
Excellus	3,080	\$ 234,787	2,351	\$ 156,267	729	\$ 78,520	23.7%	33.4%
United HealthCare	4,461	\$ 328,518	2,465	\$ 160,588	1,996	\$ 167,930	44.7%	51.1%
Oxford	5,702	\$ 438,692	3,104	\$ 221,244	2,598	\$ 217,448	45.6%	49.6%
Fidelis	3,167	\$ 255,006	1,466	\$ 113,674	1,701	\$ 141,332	53.7%	55.4%
GHI	5,400	\$ 404,244	165	\$ 8,907	5,235	\$ 395,337	96.9%	97.8%
Empire	3,212	\$ 232,803	3,487	\$ 259,868	(275)	\$ (27,065)	-8.6%	-11.6%
Wellcare	1,655	\$ 116,402	20	\$ 1,985	1,635	\$ 114,417	98.8%	98.3%
Total	26,677	\$ 2,010,452	13,058	\$ 922,533	13,619	\$ 1,087,919	51.1%	54.1%

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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	76,355	\$4,985,584	\$1,025,694	16.2%	Patient Responsibility	20.6%	29.7%	29.6%	28.6%	28.0%	25.0%
Emblem	56,299	\$3,917,494	\$1,066,640	12.7%	Benefits	27.2%	27.0%	25.7%	22.3%	15.6%	13.7%
Fidelis	55,597	\$3,664,609	\$21,103	11.9%	Authorization	0.6%	2.7%	3.2%	3.5%	3.7%	2.2%
Oxford	57,307	\$3,635,733	\$213,526	11.8%	Documentation Request	5.9%	6.2%	6.8%	7.8%	7.6%	6.2%
GHI - New York	39,051	\$2,659,479	\$741,157	8.6%	Patient Responsibility	27.9%	29.4%	30.6%	29.7%	28.5%	25.7%
Americhoice	31,036	\$1,985,095	\$96,950	6.4%	Eligibility	4.9%	2.9%	3.5%	4.9%	4.9%	6.6%
Amerigroup	26,585	\$1,733,465	\$93,229	5.6%	Benefits	5.4%	2.8%	5.7%	6.1%	5.5%	3.4%
Aetna	21,350	\$1,521,596	\$188,395	4.9%	Authorization	12.4%	16.8%	14.9%	15.9%	19.3%	18.0%
HIP	19,640	\$1,414,488	\$32,200	4.6%	Authorization	2.3%	2.1%	3.1%	2.4%	4.0%	3.4%
Empire BCBS of NY	15,206	\$1,035,239	\$56,358	3.4%	Benefits	5.4%	3.3%	6.7%	6.4%	6.3%	3.6%
Excellus	15,151	\$971,426	\$240,190	3.2%	Benefits	24.7%	22.8%	22.4%	24.3%	26.4%	28.2%
HealthFirst	9,655	\$781,154	\$52,556	2.5%	Contractual Adjustment	6.7%	1.6%	1.8%	1.2%	2.4%	1.8%
HealthNow - BCBS of WNY	10,216	\$673,535	\$239,845	2.2%	Benefits	35.6%	29.5%	26.0%	27.8%	25.9%	25.8%
Cigna	9,834	\$649,602	\$98,676	2.1%	Out-of-Network	15.2%	15.9%	13.6%	8.6%	7.9%	9.4%
MVP	9,665	\$641,506	\$115,193	2.1%	Authorization	18.0%	17.2%	14.4%	32.9%	42.2%	43.1%
MetroPlus Health Plan	6,483	\$518,642	\$231,017	1.7%	Eligibility	44.5%	57.6%	51.3%	45.0%	41.3%	12.6%
Total	459,430	\$30,788,646	\$4,512,728	100.0%		14.7%	15.5%	15.9%	16.4%	17.3%	15.4%

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 June 30, 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 – August 2020 (50 months)

Source	Period	Successful	Unsuccessful	Total	Success %
PCG Assignment File	Jul. 2016 – pres.	248,672	115,377	364,049	68%
OHIP Data Exchange	Dec. 2016 - pres.	146,342	2,456	148,798	98%
Conflict Report Corrections	Apr. 2017 – pres.	32,702	805	33,507	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 June 2020 there have been 1.9 million claims totaling \$129.4 million processed in Medicaid Sweeps. Medicaid has paid 70.5% totaling \$91.2 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	69,725	\$2,358,247	\$395,193
Medicaid Recoup	2020	92,236	\$6,832,149	\$4,783,730
Total 2020 Code 35 and Medicaid Recoup Sweep		161,961	\$9,190,396	\$5,178,923
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		1,852,167	\$129,443,842.52	\$91,238,188.79

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	Jan 2016 - Jun 2016	Jan 2017 - Jun 2017	Jan 2018 - Jun 2018	Jan 2019 - Jun 2019	Jan 2020 - Jun 2020
835	28.8%	40.4%	40.5%	48.6%	42.6%
EOB Entry	48.5%	33.2%	33.6%	30.7%	36.3%
Remit Posting	21.7%	25.8%	25.1%	19.7%	17.0%
All Other	1.0%	0.6%	0.9%	1.0%	4.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

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Extraordinary Circumstance



- 78 providers have entered an Extraordinary circumstance since implementing the 90 day filing limit on February 10, 2019
- 73.2k claims totaling \$4.9m have been submitted 100+ days after the DOS
- 11.2k of the claims totaling \$895.4k had an active EC
- 62.0k of the claims totaling \$4.0m 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	19	2,649
Death of essential personnel	4	981
Hospitalization	13	824
Litigation	2	70
Natural Disaster	2	1
Natural Disaster/State of Em	34	2,766
State Administrative Delay	25	3,934
Grand Total	99	11,225

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	11,225	\$895,390	\$19,088	\$344,162	\$216,302	\$282,964	\$32,874		
No	62,020	\$4,013,985	\$41,153	\$1,695,027	\$34,263	\$2,076,254	\$167,287		
Grand Total	73,245	\$4,909,375	\$60,242	\$2,039,189	\$250,565	\$2,359,219	\$200,161	12,183,920	0.6%

Note: Data includes DOS February 10, 2019 through June 30, 2020

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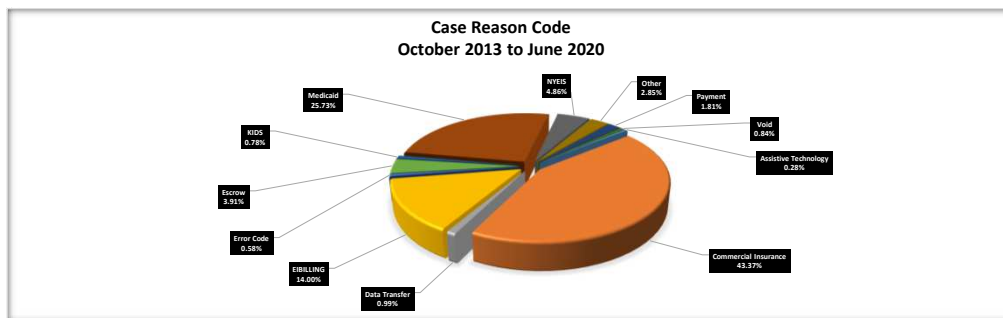
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SFA Call Center Statistics

Operations Metrics: Call Center



- From October 1, 2013 to June 30, 2020 PCG has handled over 90,000 calls.
- The average call volume per day is 53.4 calls
- 80.77 percent of cases are resolved within 24 hours and 86.69 percent are resolved within five days
- Average age of call center cases is 5.31 days



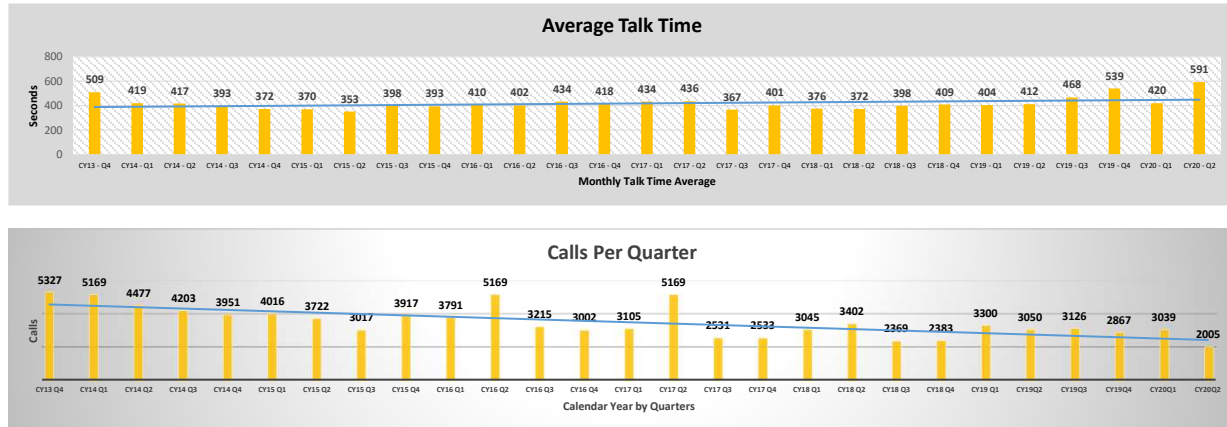
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Call Center Trends



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Question and Answer



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Solutions that Matter