

NY EICC

Early Intervention Panel Discussion
December 3, 2020

Public Consulting Group



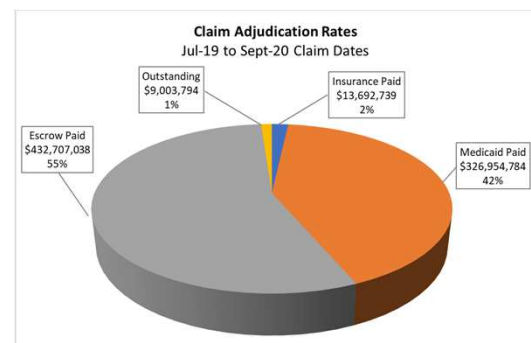
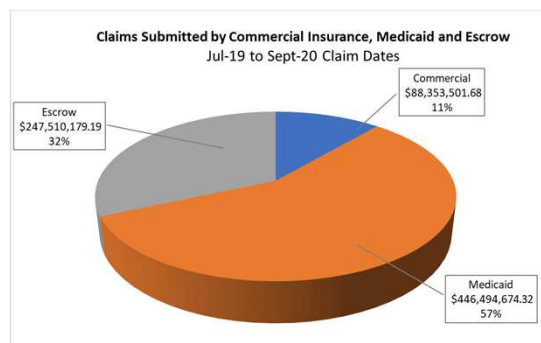
Solutions that Matter

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SFA Billing and Claiming Statistics



- For the 15-month period from July 1, 2020 to September 30, 2020, the SFA has billed \$782.4 million in claims. Providers have received \$773.4 million in payments with \$9.0 million outstanding for that period. Since 4/1/13 more than \$4.7 billion worth of claims have been processed and 99.8% paid.



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Commercial Insurance Denial Rates

Regulated plans only

April 2019 - September 2019 (6 Months)

Claim Status	# Services	Billed Amount	Paid Amount	Denial %	Denial Rate
PAID	191,878	\$12,247,280	\$6,592,842		
DENIED	438,628	\$29,180,822	\$0	100.0%	70.4%
Grand Total	630,506	\$41,428,102	\$6,592,842		

April 2020 - September 2020 (6 Months)

Claim Status	# Services	Billed Amount	Paid Amount	Denial %	Denial Rate
PAID	180,565	\$11,812,488	\$4,878,109		
DENIED	277,030	\$18,808,414	\$0	100.0%	61.4%
Grand Total	457,595	\$30,620,902	\$4,878,109		

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Commercial Insurance Denial Rates

Regulated plans only

April 2019 - September 2019 (6 Months)

Denial Reason	# of Services	Sum of Billed	Denial %
Authorization	123,800	\$ 8,216,602	28.2%
Benefits	103,237	\$ 6,531,820	22.4%
Eligibility	60,844	\$ 4,127,512	14.1%
Patient Responsibility	25,712	\$ 1,927,230	6.6%
Contractual Adjustment	26,577	\$ 1,830,648	6.3%

Top Denial Reasons for Insurance claims processed 4/1/19 - 9/30/19
(a) Any claims with a partial payment are excluded here

April 2020 - September 2020 (6 Months)

Denial Reason	# of Services	Sum of Billed	Denial %
Authorization	67,367	\$ 4,712,673	25.1%
Benefits	56,888	\$ 3,550,297	18.9%
Eligibility	46,163	\$ 2,998,631	15.9%
Billing	23,149	\$ 1,893,065	10.1%
Patient Responsibility	20,584	\$ 1,511,730	8.0%

Top Denial Reasons for Insurance claims processed 4/1/20 - 9/30/20
(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 September 30, 2020 the following data represents the total number of claims not adjudicated, and the monetary amount associated with those claims.

With more than 62 million claims processed, the 171,130 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	\$5,703,590.32	69,031	\$3,901,167.71	46,808
ESCROW	-\$465,033.19	58,232	-\$503,457.23	55,657
MEDICAID	\$3,066,381.95	94,514	\$2,403,407.78	68,665
Total	\$8,304,939.08	221,777	\$5,801,118.26	171,130

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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	2,228	\$ 148,469	852	\$ 86,318	27.7%	36.8%
United HealthCare	4,461	\$ 328,518	1,796	\$ 127,472	2,665	\$ 201,046	59.7%	61.2%
Oxford	5,702	\$ 438,692	3,196	\$ 232,154	2,506	\$ 206,538	43.9%	47.1%
Fidelis	3,167	\$ 255,006	1,207	\$ 96,759	1,960	\$ 158,247	61.9%	62.1%
GHI	5,400	\$ 404,244	153	\$ 9,601	5,247	\$ 394,643	97.2%	97.6%
Empire	3,212	\$ 232,803	3,002	\$ 222,771	210	\$ 10,032	6.5%	4.3%
Wellcare	1,655	\$ 116,402	20	\$ 1,985	1,635	\$ 114,417	98.8%	98.3%
Total	26,677	\$ 2,010,452	11,602	\$ 839,211	15,075	\$ 1,171,241	56.5%	58.3%

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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	106,515	\$6,901,843	\$1,794,754	16.6%	Patient Responsibility	26.0%	29.7%	29.6%	28.6%	28.0%	25.0%
Emblem	77,650	\$5,369,841	\$1,540,879	12.9%	Benefits	28.7%	27.0%	25.7%	22.3%	15.6%	13.7%
Fidelis	76,439	\$5,055,242	\$28,502	12.2%	Authorization	0.6%	2.7%	3.2%	3.5%	3.7%	2.2%
Oxford	71,137	\$4,496,330	\$293,262	10.8%	Documentation Reques	6.5%	6.2%	6.8%	7.8%	7.6%	6.2%
GHI - New York	53,618	\$3,620,866	\$1,060,179	8.7%	Benefits	29.3%	29.4%	30.6%	29.7%	28.5%	25.7%
Americhoice	38,024	\$2,430,399	\$147,423	5.9%	Eligibility	6.1%	2.9%	3.5%	4.9%	4.9%	6.6%
Amerigroup	35,497	\$2,314,819	\$144,038	5.6%	Benefits	6.2%	2.8%	5.7%	6.1%	5.5%	3.4%
Aetna	30,069	\$2,066,164	\$325,376	5.0%	Authorization	15.7%	16.8%	14.9%	15.9%	19.3%	18.0%
HIP	27,011	\$1,904,310	\$56,951	4.6%	Authorization	3.0%	2.1%	3.1%	2.4%	4.0%	3.4%
Empire BCBS of NY	21,151	\$1,446,829	\$77,877	3.5%	Benefits	5.4%	3.3%	6.7%	6.4%	6.3%	3.6%
Excellus	21,921	\$1,417,776	\$369,938	3.4%	Benefits	26.1%	22.8%	22.4%	24.3%	26.4%	28.2%
HealthFirst	13,411	\$1,052,732	\$58,885	2.5%	Contractual Adjustment	5.6%	1.6%	1.8%	1.2%	2.4%	1.8%
HealthNow - BCBS of WNY	14,606	\$975,461	\$357,303	2.4%	Benefits	36.6%	29.5%	26.0%	27.8%	25.9%	25.8%
Cigna	13,357	\$874,253	\$135,268	2.1%	Out-of-Network	15.5%	15.9%	13.6%	8.6%	7.9%	9.4%
MVP	12,990	\$863,586	\$151,819	2.1%	Authorization	17.6%	17.2%	14.4%	32.9%	42.2%	43.1%
CDPHP	11,586	\$718,121	\$52,669	1.7%	Authorization	7.3%	2.6%	0.2%	1.5%	1.4%	1.2%
Total	624,982	\$41,508,573	\$6,595,124	100.0%		15.9%	15.5%	15.9%	16.4%	17.3%	15.4%

These payers represent approximately 97.1 percent of total claims billed for regulated plans..

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

*2020 Time Period: January 1, 2020 through September 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 – November 2020 (53 months)

Source	Period	Successful	Unsuccessful	Total	Success %
PCG Assignment File	Jul. 2016 – pres.	264,493	118,637	383,130	69%
OHIP Data Exchange	Dec. 2016 - pres.	151,274	2,450	153,724	98%
Conflict Report Corrections	Apr. 2017 – pres.	33,197	805	34,002	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 September 2020 there have been 1.9 million claims totaling \$132.5 million processed in Medicaid Sweeps. Medicaid has paid 70.4% totaling \$93.3 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	80,642	\$2,739,249	\$440,993
Medicaid Recoup	2020	129,166	\$9,525,470	\$6,771,968
Total 2020 Code 35 and Medicaid Recoup Sweep		209,808	\$12,264,720	\$7,212,961
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		1,900,014	\$132,518,166.08	\$93,272,226.92

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	Apr 2016 - Sept 2016	Apr 2017 - Sept 2017	Apr 2018 - Sept 2018	Apr 2019 - Sept 2019	Apr 2020 - Sept 2020
835	34.7%	41.5%	42.5%	48.1%	42.6%
EOB Entry	43.3%	32.2%	31.9%	33.6%	36.0%
Remit Posting	20.9%	25.9%	24.2%	16.6%	16.5%
All Other	1.1%	0.5%	1.4%	1.7%	4.9%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

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Extraordinary Circumstance



- 102 unique providers have entered an Extraordinary circumstance since implementing the 90 day filing limit on February 10, 2019
- 96.2k claims totaling \$6.5m have been submitted 100+ days after the DOS
- 20.0k of the claims totaling \$1.5m had an active EC
- 76.3k of the claims totaling \$5.0m 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 with active EC
Audit Findings	24	2,915
Death of essential personnel	4	989
Hospitalization	13	1,204
Litigation	3	74
Natural Disaster	4	2
Natural Disaster/State of Emergency	57	10,838
State Administrative Delay	25	3,951
Grand Total	130	19,973

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	19,973	\$1,502,058.75	\$25,208.12	\$558,919.88	\$384,865.01	\$396,012.89	\$137,052.85	14,004,733	0.7%
No	76,270	\$5,002,899.50	\$63,520.25	\$2,061,603.05	\$50,932.91	\$2,591,652.72	\$235,190.57		
Grand Total	96,243	\$6,504,958.25	\$88,728.37	\$2,620,522.93	\$435,797.92	\$2,987,665.61	\$372,243.42		

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

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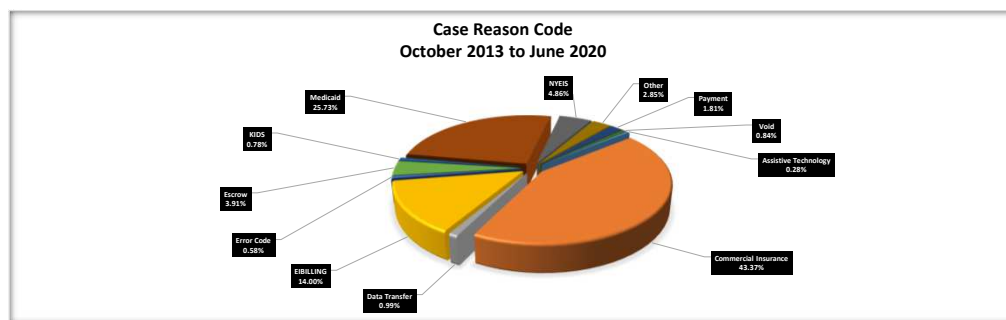
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SFA Call Center Statistics

Operations Metrics: Call Center



- From October 1, 2013 to September 30, 2020 PCG has handled nearly 92,000 calls.
- The average call volume per day is 54.2 calls
- 80.78 percent of cases are resolved within 24 hours and 86.71 percent are resolved within five days
- Average age of call center cases is 5.30days



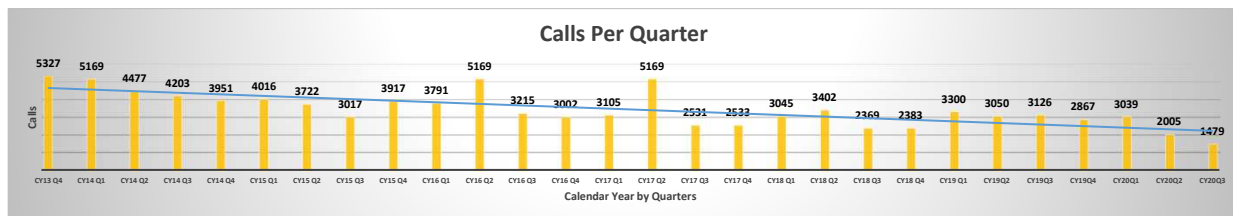
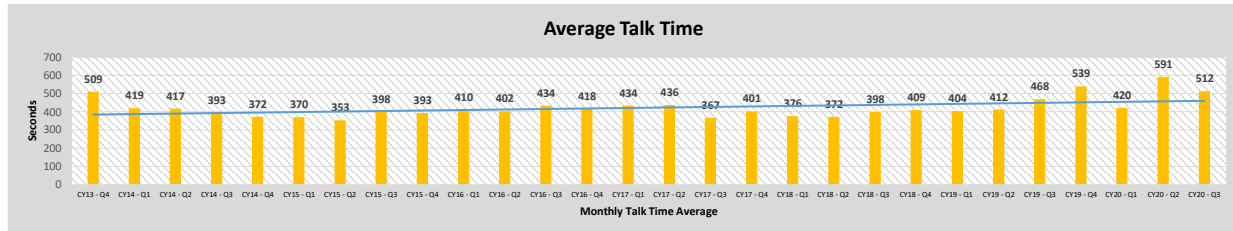
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Call Center Trends



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Question and Answer

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Question and Answer

Rob Lillpopp

Public Consulting Group

Paula Van Meter

Public Consulting Group



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Solutions that Matter

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