

# NY EICC

Early Intervention Panel Discussion  
March 23, 2021

Public Consulting Group



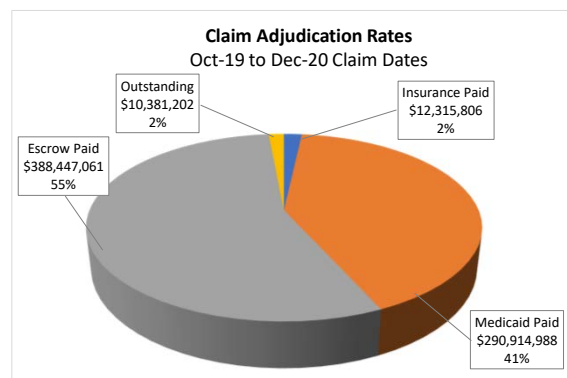
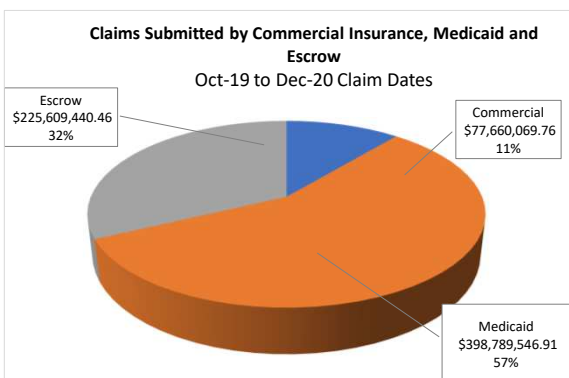
Solutions that Matter

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## SFA Billing and Claiming Statistics



- For the 15-month period from October 1, 2019 to December 31, 2020, the SFA has billed \$702.1 million in claims. Providers have received \$691.7 million in payments with \$10.4 million outstanding for that period. Since 4/1/13 more than \$4.9 billion worth of claims have been processed and 99.4% paid.



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## Commercial Insurance Denial Rates

Regulated plans only



July 2019 - December 2019 (6 Months)

Claim Status	# Services	Billed Amount	Paid Amount	Denial %	Denial Rate
PAID	210,276	\$13,436,487	\$6,526,424		
DENIED	406,649	\$27,101,676	\$0	100.0%	66.9%
Grand Total	616,925	\$40,538,163	\$6,526,424		

July 2020 - December 2020 (6 Months)

Claim Status	# Services	Billed Amount	Paid Amount	Denial %	Denial Rate
PAID	166,962	\$10,841,099	\$5,037,757		
DENIED	214,633	\$14,294,343	\$0	100.0%	56.9%
Grand Total	381,595	\$25,135,442	\$5,037,757		

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## Commercial Insurance Denial Rates

Regulated plans only



July 2019 - December 2019 (6 Months)

July 2020 - December 2020 (6 Months)

Denial Reason	# of Services	Sum of Billed	Denial %
Authorization	120,799	\$ 8,144,443	30.1%
Benefits	107,743	\$ 6,926,415	25.6%
Eligibility	47,310	\$ 3,139,531	11.6%
Contractual Adjustment	24,495	\$ 1,748,282	6.5%
Patient Responsibility	20,216	\$ 1,536,610	5.7%

Denial Reason	# of Services	Sum of Billed	Denial %
Authorization	71,030	\$ 5,011,790	35.1%
Benefits	57,400	\$ 3,438,899	24.1%
Contractual Adjustment	19,519	\$ 1,281,710	9.0%
Eligibility	18,764	\$ 1,221,108	8.5%
Patient Responsibility	13,437	\$ 1,031,841	7.2%

Top Denial Reasons for Insurance claims processed 7/1/19 - 12/31/19  
(a) Any claims with a partial payment are excluded here

Top Denial Reasons for Insurance claims processed 7/1/20 - 12/31/20  
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## Open Claims in the EIBilling System



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

With more than 64 million claims processed, the 257,676 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	\$6,198,453.59	75,339	\$4,697,625.10	57,643
ESCROW	-\$493,217.27	57,708	-\$507,433.45	55,601
MEDICAID	\$4,372,116.32	174,017	\$2,978,262.96	144,432
<b>Total</b>	<b>\$10,077,352.64</b>	<b>307,064</b>	<b>\$7,168,454.61</b>	<b>257,676</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	2,456	\$ 167,238	624	\$ 67,549	20.3%	28.8%
United HealthCare	4,461	\$ 328,518	3,646	\$ 279,270	815	\$ 49,248	18.3%	15.0%
Oxford	5,702	\$ 438,692	3,471	\$ 251,141	2,231	\$ 187,551	39.1%	42.8%
Fidelis	3,167	\$ 255,006	1,189	\$ 101,188	1,978	\$ 153,818	62.5%	60.3%
GHI	5,400	\$ 404,244	320	\$ 22,485	5,080	\$ 381,759	94.1%	94.4%
Empire	3,212	\$ 232,803	3,453	\$ 261,131	(241)	\$ (28,328)	-7.5%	-12.2%
Wellcare	1,655	\$ 116,402	-	\$ -	1,655	\$ 116,402	100.0%	100.0%
<b>Total</b>	<b>26,677</b>	<b>\$ 2,010,452</b>	<b>14,535</b>	<b>\$ 1,082,453</b>	<b>12,142</b>	<b>\$ 927,999</b>	<b>45.5%</b>	<b>46.2%</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	134,790	\$8,713,707	\$2,478,635	16.6%	Patient Responsibility	28.4%	29.7%	29.6%	28.6%	28.0%	25.0%
Emblem	98,716	\$6,751,881	\$2,114,076	12.8%	Benefits	31.3%	27.0%	25.7%	22.3%	15.6%	13.7%
Fidelis	99,508	\$6,624,072	\$36,851	12.6%	Authorization	0.6%	2.7%	3.2%	3.5%	3.7%	2.2%
Oxford	88,024	\$5,573,897	\$385,350	10.6%	Documentation Request	6.9%	6.2%	6.8%	7.8%	7.6%	6.2%
GHI - New York	69,034	\$4,623,869	\$1,497,905	8.8%	Benefits	32.4%	29.4%	30.6%	29.7%	28.5%	25.7%
Amerigroup	44,810	\$2,900,825	\$181,389	5.5%	Benefits	6.3%	2.8%	5.7%	6.1%	5.5%	3.4%
Americhoice	43,642	\$2,815,849	\$153,840	5.4%	Eligibility	5.5%	2.9%	3.5%	4.9%	4.9%	6.6%
Aetna	38,204	\$2,590,933	\$422,190	4.9%	Authorization	16.3%	16.8%	14.9%	15.9%	19.3%	18.0%
HIP	35,711	\$2,479,812	\$74,100	4.7%	Authorization	3.0%	2.1%	3.1%	2.4%	4.0%	3.4%
Excellus	29,468	\$1,920,113	\$518,940	3.7%	Benefits	27.0%	22.8%	22.4%	24.3%	26.4%	28.2%
Empire BCBS of NY	27,372	\$1,878,782	\$108,312	3.6%	Benefits	5.8%	3.3%	6.7%	6.4%	6.3%	3.6%
HealthFirst	16,631	\$1,313,324	\$81,024	2.5%	Contractual Adjustment	6.2%	1.6%	1.8%	1.2%	2.4%	1.8%
HealthNow - BCBS of WN	19,376	\$1,300,385	\$482,450	2.5%	Benefits	37.1%	29.5%	26.0%	27.8%	25.9%	25.8%
Cigna	17,302	\$1,122,723	\$178,678	2.1%	Out-of-Network	15.9%	15.9%	13.6%	8.6%	7.9%	9.4%
MVP	16,436	\$1,093,578	\$189,504	2.1%	Authorization	17.3%	17.2%	14.4%	32.9%	42.2%	43.1%
CDPHP	14,196	\$892,373	\$69,803	1.7%	Authorization	7.8%	2.6%	0.2%	1.5%	1.4%	1.2%
<b>Total</b>	<b>793,220</b>	<b>\$52,596,122</b>	<b>\$8,973,049</b>	<b>100.0%</b>		<b>17.1%</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 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 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

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## Medicaid Code 35 Assignment Statistics



July 2016 – January 2021 (55 months)

Source	Period	Successful	Unsuccessful	Total	Success %
PCG Assignment File	Jul. 2016 – pres.	276,174	121,357	397,531	70%
OHIP Data Exchange	Dec. 2016 - pres.	155,497	2,452	157,949	98%
Conflict Report Corrections	Apr. 2017 – pres.	33,822	806	34,628	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 December 2020 there have been 1.9 million claims totaling \$134.7 million processed in Medicaid Sweeps. Medicaid has paid 70.5% totaling \$94.9 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	158,818	\$11,675,684	\$8,387,862
<b>Total 2020 Code 35 and Medicaid Recoup Sweep</b>		<b>239,460</b>	<b>\$14,414,933</b>	<b>\$8,828,856</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>1,929,666</b>	<b>\$ 134,668,379.73</b>	<b>\$ 94,888,121.12</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 2016 - Dec 2016	Oct 2017 - Dec 2017	Oct 2018 - Dec 2018	Oct 2019 - Dec 2019	Oct 2020 - Dec 2020
835	37.3%	39.9%	43.2%	41.3%	39.8%
EOB Entry	40.0%	34.6%	31.3%	37.7%	41.8%
Remit Postin	21.8%	24.4%	24.4%	15.9%	15.4%
All Other	0.9%	1.2%	1.2%	5.1%	3.0%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

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## Extraordinary Circumstance



- 119 unique providers have entered an Extraordinary circumstance since implementing the 90-day filing limit on February 10, 2019
- 126.4k claims totaling \$8.3m have been submitted 100+ days after the DOS
- 38.9k of the claims totaling \$2.6m had an active EC
- 87.6k of the claims totaling \$5.7m 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	29	4,197
Death of essential personnel	4	1,664
Hospitalization	14	1,572
Litigation	3	74
Natural Disaster	6	17
Natural Disaster/State of Emergency	73	20,030
State Administrative Delay	25	11,323
<b>Grand Total</b>	<b>154</b>	<b>38,877</b>

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	38,877	\$2,612,524.25	\$31,105.97	\$1,005,923.48	\$860,073.60	\$563,280.95	\$152,140.25		
No	87,568	\$5,689,921.25	\$83,024.57	\$2,376,204.64	\$7,644.98	\$2,969,837.07	\$253,209.99		
<b>Grand Total</b>	<b>126,445</b>	<b>\$8,302,445.50</b>	<b>\$114,130.54</b>	<b>\$3,382,128.12</b>	<b>\$867,718.58</b>	<b>\$3,533,118.02</b>	<b>\$405,350.24</b>	<b>15,745,863</b>	<b>0.8%</b>

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

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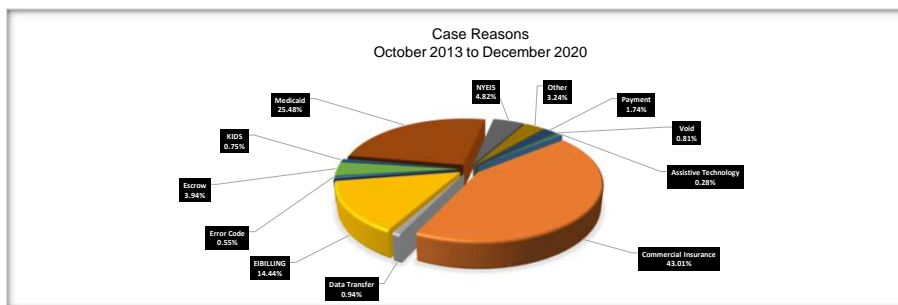
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## SFA Call Center Statistics

### Operations Metrics: Call Center



- From October 1, 2013 to December 31, 2020 PCG has handled nearly 98,000 calls.
- The average call volume per day is 54.3 calls
- 80.78 percent of cases are resolved within 24 hours and 86.12 percent are resolved within five days
- Average age of call center cases is 5.31days



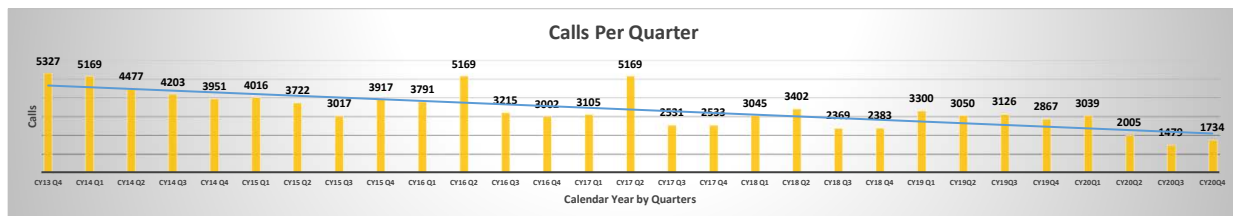
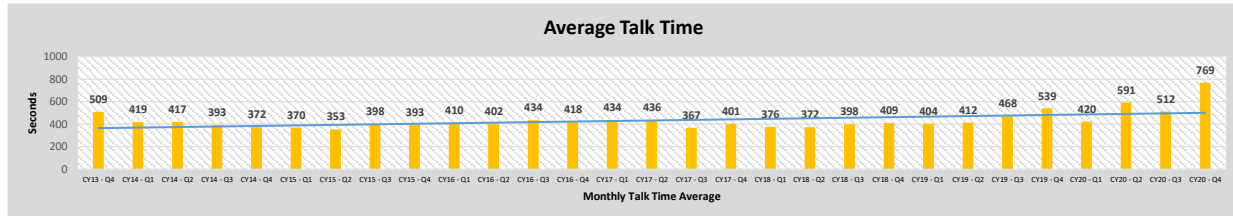
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## Call Center Trends



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## Question and Answer

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## Question and Answer

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