

NY EICC

Early Intervention Panel Discussion
September 15, 2020

Public Consulting Group



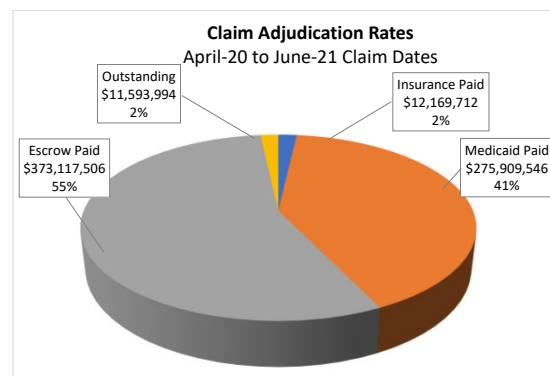
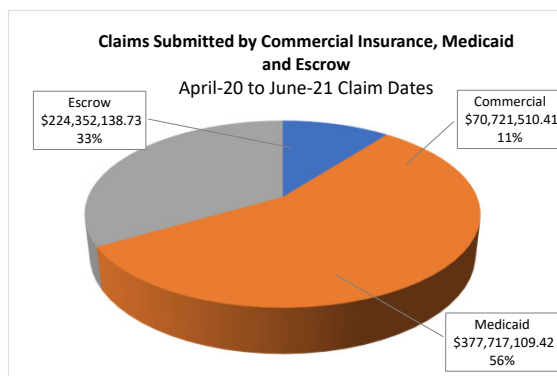
Solutions that Matter

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SFA Billing and Claiming Statistics



- For the 15-month period from April 1, 2020, to June 30, 2021, the SFA has billed \$672.8 million in claims. Providers have received \$661.2 million in payments with \$11.6 million outstanding for that period. Since 4/1/13 more than \$5.2 billion worth of claims have been processed and 98.9% paid.



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Commercial Insurance Denial Rates

Regulated plans only

January 2020 - June 2020 (6 Months)

Claim Status	# Services	Billed Amount	Paid Amount	Denial %	Denial Rate
Paid	190,930	\$12,436,387	\$4,627,375		
Denied	332,719	\$22,490,159	\$0	100.0%	64.4%
Grand Total	523,649	\$34,926,546	\$4,627,375		

January 2021 - June 2021 (6 Months)

Claim Status	# Services	Billed Amount	Paid Amount	Denial %	Denial Rate
Paid	162,710	\$10,656,069	\$4,853,968		
Denied	252,146	\$16,876,784	\$0	100.0%	61.3%
Grand Total	414,856	\$27,532,854	\$4,853,968		

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Commercial Insurance Denial Rates

Regulated plans only

January 2020 - June 2020 (6 Months)

January 2021 - June 2021 (6 Months)

Denial Reason	# of Services	Sum of Billed	Denial %
Authorization	81,771	\$ 5,710,770	25.4%
Benefits	68,162	\$ 4,276,989	19.0%
Eligibility	53,826	\$ 3,440,157	15.3%
Patient Responsibility	32,581	\$ 2,324,597	10.3%
Billing	26,045	\$ 2,083,256	9.3%

Denial Reason	# of Services	Sum of Billed	Denial %
Authorization	67,474	\$ 4,796,443	28.4%
Benefits	70,242	\$ 4,302,987	25.5%
Patient Responsibility	25,811	\$ 1,864,582	11.0%
Contractual Adjustment	28,186	\$ 1,791,308	10.6%
Eligibility	15,919	\$ 1,082,591	6.4%

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

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

Top Denial Reasons for Insurance claims processed 1/1/21 - 6/30/21

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Open Claims in the EIBilling System



For the period from April 1, 2013, through June 30, 2021, the following data represents the total number of claims not adjudicated, and the monetary amount associated with those claims.

With more than 68.2 million claims processed, the 310,867 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	\$7,773,918.77	92,257	\$5,909,282.24	70,438
ESCROW	-\$872,577.78	69,749	-\$819,963.20	62,685
MEDICAID	\$5,366,987.28	200,279	\$4,466,329.34	177,744
Total	\$12,268,328.27	362,285	\$9,555,648.38	310,867

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Top 16 Payers



Payer Name	# of Services	Billed Amount	Paid Amount	% of Total Payer Billed Amount	Primary Denial Reason	% Paid 2021*	% Paid 2020**	% Paid 2019***	% Paid 2018****	% Paid 2017*****	% Paid 2016*****	% Paid 2015*****
UnitedHealthcare	67,883	\$4,310,806	\$1,165,308	18.1%	Patient Responsibility	27.0%	28.5%	29.7%	29.6%	28.6%	28.0%	25.0%
Emblem	49,290	\$3,238,475	\$1,162,535	13.6%	Benefits	35.9%	31.3%	27.0%	25.7%	22.3%	15.6%	13.7%
Fidelis	48,480	\$3,225,362	\$10,896	13.6%	Authorization	0.3%	0.6%	2.7%	3.2%	3.5%	3.7%	2.2%
GHI - New York	35,886	\$2,314,055	\$867,555	9.7%	Benefits	37.5%	32.4%	29.4%	30.6%	29.7%	28.5%	25.7%
Oxford	35,244	\$2,237,369	\$179,238	9.4%	Benefits	8.0%	6.9%	6.2%	6.8%	7.8%	7.6%	6.2%
Aetna	18,958	\$1,279,768	\$199,891	5.4%	Authorization	15.6%	16.3%	16.8%	14.9%	15.9%	19.3%	18.0%
HIP	18,766	\$1,240,436	\$53,455	5.2%	Out-of-Network	4.3%	3.0%	2.1%	3.1%	2.4%	4.0%	3.4%
Excellus	14,292	\$949,563	\$225,149	4.0%	Benefits	23.7%	27.1%	22.8%	22.4%	24.3%	26.4%	28.2%
Empire BCBS of NY	12,714	\$889,723	\$69,200	3.7%	Benefits	7.8%	5.8%	3.3%	6.7%	6.4%	6.3%	3.6%
HealthFirst	10,738	\$816,247	\$78,520	3.4%	Authorization	9.6%	6.2%	1.6%	1.8%	1.2%	2.4%	1.8%
Americhoice	11,626	\$755,465	\$23,806	3.2%	Authorization	3.2%	5.5%	2.9%	3.5%	4.9%	4.9%	6.6%
HealthNow - BCBS of WNY	10,068	\$704,068	\$273,910	3.0%	Benefits	38.9%	37.2%	29.5%	26.0%	27.8%	25.9%	25.8%
Cigna	8,374	\$550,253	\$84,449	2.3%	Out-of-Network	15.3%	16.0%	15.9%	13.6%	8.6%	7.9%	9.4%
MVP	7,016	\$478,374	\$66,244	2.0%	Authorization	13.8%	17.5%	17.2%	14.4%	32.9%	42.2%	43.1%
CDPHP	6,131	\$402,592	\$51,709	1.7%	Authorization	12.8%	7.8%	2.6%	0.2%	1.5%	1.4%	1.2%
MetroPlus Health Plan	5,094	\$375,877	\$210,133	1.6%	Eligibility	55.9%	54.7%	57.6%	51.3%	45.0%	41.3%	12.6%
Total	360,560	\$23,768,433	\$4,721,997	100.0%		19.9%	18.4%	16.7%	16.8%	17.0%	17.9%	16.0%

These payers represent approximately 98.8 percent of total claims billed for regulated plans.

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

*2021 Time Period: January 1, 2021 through June 30, 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

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Medicaid Code 35 Assignment Statistics



July 2016 – August 2021 (62 months)

Source	Period	Successful	Unsuccessful	Total	Success %
PCG Assignment File	Jul. 2016 – pres.	312,301	129,127	441,428	71%
OHIP Data Exchange	Dec. 2016 - pres.	200,628	4,128	204,756	98%
Conflict Report Corrections	Apr. 2017 – pres.	36,773	816	37,589	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 used 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 2021 there have been 2.1 million claims totaling \$143.1 million processed in Medicaid Sweeps. Medicaid has paid 69.8% totaling \$99.8 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	2021	119,278	\$2,137,616	\$497,497
Medicaid Recoup	2021	82,699	\$6,245,261	\$4,385,343
Total 2021 Code 35 and Medicaid Recoup Sweep		201,977	\$8,382,877	\$4,882,840
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		2,131,643	\$143,051,257	\$99,779,247

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 5 payers, 8 are only missing one payer and 17 are completely enrolled.

There are 682 providers enrolled in 835's for all payers where they submit claims

Remittance Data Entry					
Description	Apr 2017 - Jun 2017	Apr 2018 - Jun 2018	Apr 2019 - Jun 2019	Apr 2020 - Jun 2020	Apr 2021 - Jun 2021
835	42.2%	40.6%	50.1%	41.4%	52.2%
EOB Entry	32.3%	32.4%	32.5%	33.3%	37.0%
Remit Posting	24.8%	25.9%	16.4%	18.8%	10.0%
All Other	0.6%	1.1%	1.0%	6.6%	0.8%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

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Extraordinary Circumstance



- 134 unique providers have entered an Extraordinary circumstance since implementing the 90-day filing limit on February 10, 2019
- 164.0k claims totaling \$10.6m have been submitted 100+ days after the DOS
- 58.5k of the claims totaling \$3.7m had an active EC
- 105.5k of the claims totaling \$6.9m 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 with active EC
Audit Findings	40	12,213
Death of essential personnel	4	1,525
Hospitalization	16	1,270
Litigation	5	2,508
Natural Disaster	9	1,245
Natural Disaster/State of Emergency	85	37,914
State Administrative Delay	25	1,837
Grand Total	184	58,512

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	58,512	\$3,708,334.50	\$44,174.70	\$1,562,999.83	\$1,311,668.12	\$672,379.10	\$117,112.75		
No	105,482	\$6,914,388.50	\$99,066.00	\$3,012,376.73	\$7,644.98	\$3,564,820.16	\$230,480.63		
Grand Total	163,994	\$10,622,723.00	\$143,240.70	\$4,575,376.56	\$1,319,313.10	\$4,237,199.26	\$347,593.38	19,037,811	0.9%

Note: Data includes Claims Submitted February 10, 2019 through June 30, 2021

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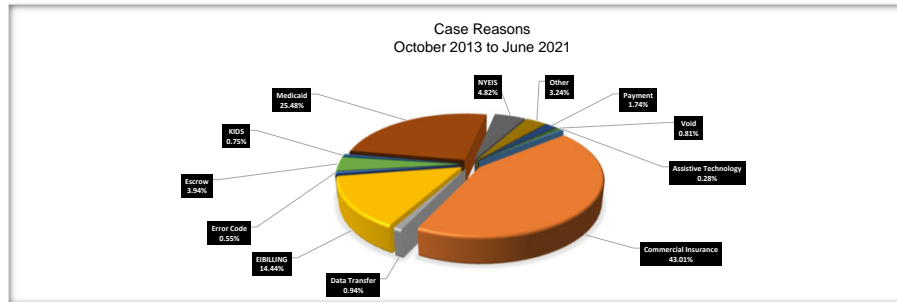
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SFA Call Center Statistics

Operations Metrics: Call Center



- From October 1, 2013 to June 30, 2021 PCG has handled over 102,000 calls.
- The average call volume per day is 52.6 calls
- 70.38 percent of cases are resolved within 24 hours and 77.12 percent are resolved within five days
- Average age of call center cases is 5.81 days



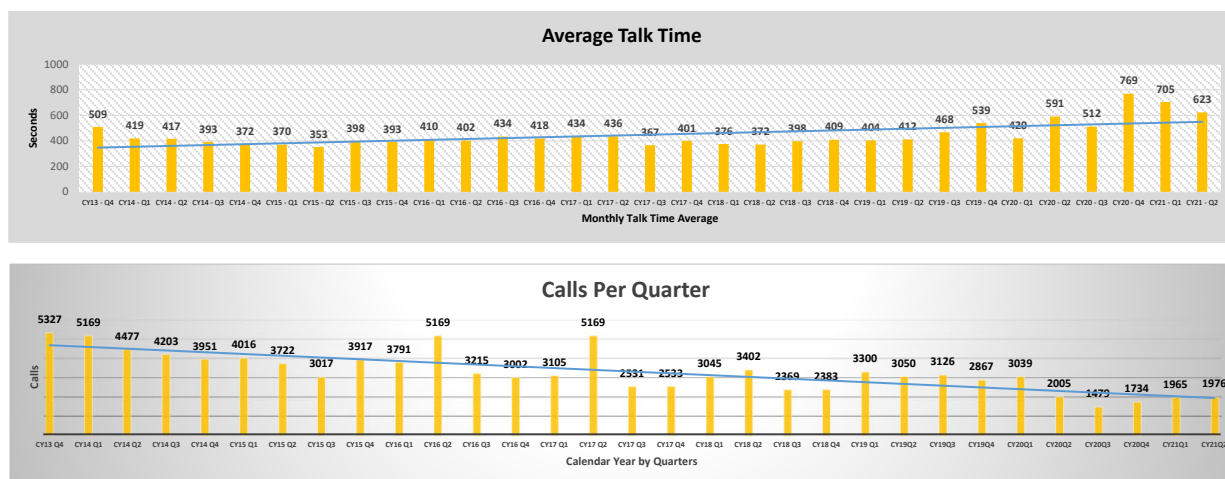
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Call Center Trends



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Question and Answer

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Question and Answer

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Solutions that Matter