

NY EICC

Early Intervention Panel Discussion
March 3, 2022

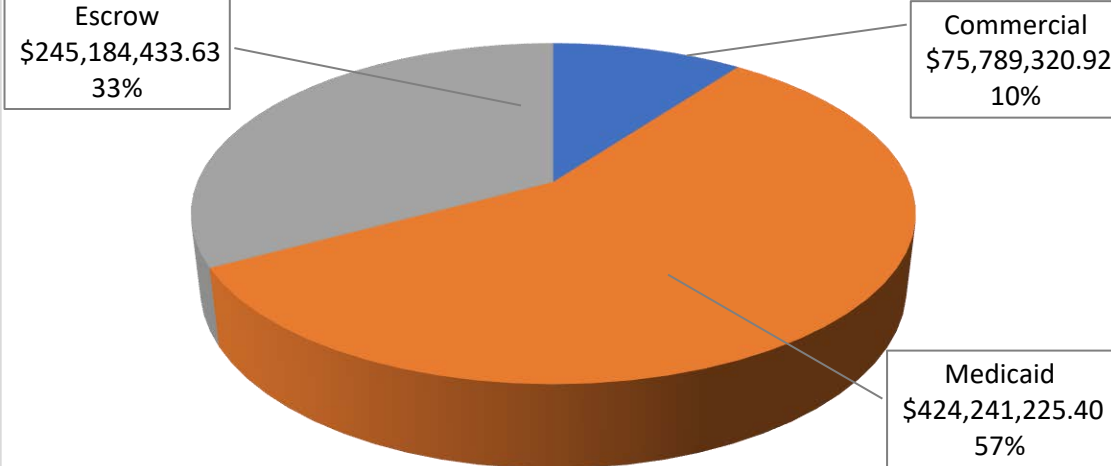
Public Consulting Group

SFA Billing and Claiming Statistics

- For the 15-month period from October 1, 2020, to December 31, 2021, the SFA has billed \$745.2 million in claims. Providers have received \$729.8 million in payments with \$15.4 million outstanding for that period. Since 4/1/13 more than \$5.5 billion worth of claims have been processed and 99.1% paid.

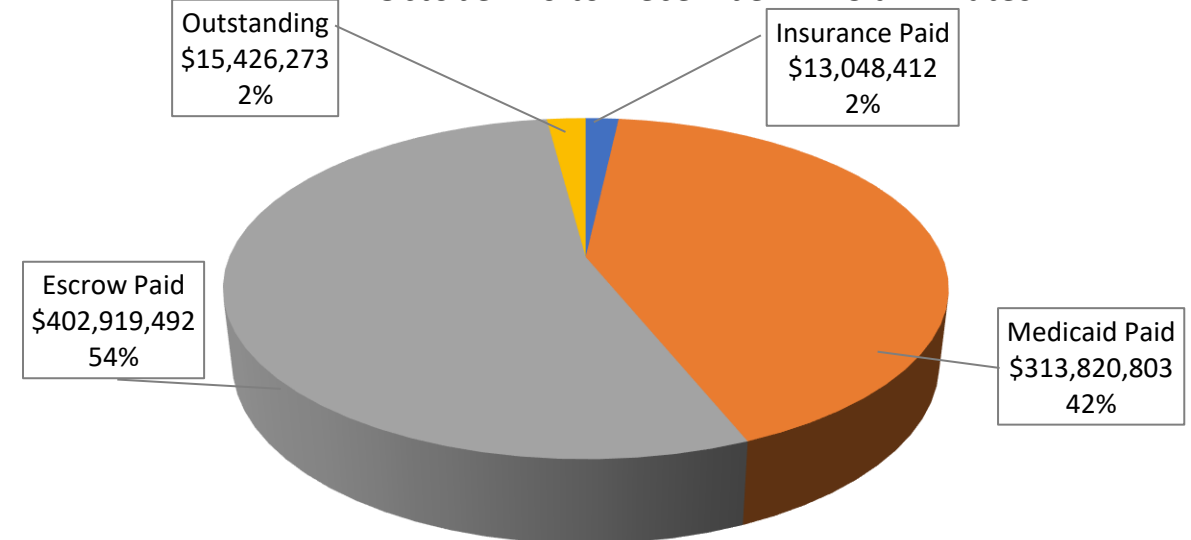
Claims Submitted by Commercial Insurance, Medicaid and Escrow

October-20 to December-21 Claim Dates



Claim Adjudication Rates

October-20 to December-21 Claim Dates



Commercial Insurance Denial Rates

Regulated plans only

July 2020 - December 2020 (6 Months)

Claim Status	# Services	Billed Amount	Paid Amount	Denial %	Denial Rate
Paid	165,286	\$10,731,901	\$4,981,255		
Denied	211,558	\$14,070,977	\$0	100.0%	56.7%
Grand Total	376,844	\$24,802,878	\$4,981,255		

July 2021 - December 2021 (6 Months)

Claim Status	# Services	Billed Amount	Paid Amount	Denial %	Denial Rate
Paid	171,156	\$11,216,186	\$5,584,958		
Denied	251,661	\$16,772,074	\$0	100.0%	59.9%
Grand Total	422,817	\$27,988,260	\$5,584,958		

Commercial Insurance Denial Rates

Regulated plans only



July 2020 - December 2020 (6 Months)

Denial Reason	# of Services	Sum of Billed	Denial %
Authorization	70,776	\$ 4,998,206	35.5%
Benefits	56,172	\$ 3,356,084	23.9%
Contractual Adjustment	19,267	\$ 1,259,285	8.9%
Eligibility	18,325	\$ 1,190,941	8.5%
Patient Responsibility	12,979	\$ 995,604	7.1%

Top Denial Reasons for Insurance claims processed 7/1/20 - 12/31/20

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

July 2021 - December 2021 (6 Months)

Denial Reason	# of Services	Sum of Billed	Denial %
Benefits	94,525	\$ 5,664,625	33.8%
Authorization	60,858	\$ 4,273,624	25.5%
Patient Responsibility	17,232	\$ 1,311,316	7.8%
Eligibility	17,983	\$ 1,254,236	7.5%
Contractual Adjustment	18,372	\$ 1,236,348	7.4%

Top Denial Reasons for Insurance claims processed 7/1/21 - 12/31/21

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



Open Claims in the EIBilling System



For the period from April 1, 2013 through December 31, 2021, the following data represents the total number of claims not adjudicated, and the monetary amount associated with those claims.

With more than 72 million claims processed, the 381,679 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	\$9,683,417.61	115,777	\$7,804,495.23	93,758
ESCROW	-\$540,413.12	47,127	-\$548,677.02	44,611
MEDICAID	\$7,847,389.37	278,534	\$6,129,545.62	243,310
Total	\$16,990,393.86	441,438	\$13,385,363.83	381,679

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	5,375	\$ 369,621	(2,295)	\$ (134,834)	-74.5%	-57.4%
United HealthCare	4,461	\$ 328,518	13,596	\$ 1,004,129	(9,135)	\$ (675,611)	-204.8%	-205.7%
Oxford	5,702	\$ 438,692	7,640	\$ 555,286	(1,938)	\$ (116,594)	-34.0%	-26.6%
Fidelis	3,167	\$ 255,006	5,737	\$ 446,818	(2,570)	\$ (191,812)	-81.1%	-75.2%
GHI	5,400	\$ 404,244	11,665	\$ 848,306	(6,265)	\$ (444,062)	-116.0%	-109.8%
Empire	3,212	\$ 232,803	12,943	\$ 973,248	(9,731)	\$ (740,445)	-303.0%	-318.1%
Wellcare	1,655	\$ 116,402	-	\$ -	1,655	\$ 116,402	100.0%	100.0%
Total	26,677	\$ 2,010,452	56,956	\$ 4,197,408	(30,279)	\$ (2,186,956)	-113.5%	-108.8%



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	141,110	\$8,956,808	\$2,872,465	18.7%	Patient Responsibility	32.1%	28.5%	29.7%	29.6%	28.6%	28.0%	25.0%
Emblem	106,693	\$6,982,408	\$2,352,296	14.6%	Benefits	33.7%	31.3%	27.0%	25.7%	22.3%	15.6%	13.7%
Fidelis	93,294	\$6,202,090	\$25,838	13.0%	Authorization	0.4%	0.6%	2.7%	3.2%	3.5%	3.7%	2.2%
GHI - New York	76,321	\$4,943,025	\$1,752,680	10.3%	Benefits	35.5%	32.4%	29.4%	30.6%	29.7%	28.5%	25.7%
Oxford	68,949	\$4,335,929	\$341,597	9.1%	Benefits	7.9%	6.9%	6.2%	6.8%	7.8%	7.6%	6.2%
Aetna	36,786	\$2,464,787	\$433,506	5.2%	Authorization	17.6%	16.3%	16.8%	14.9%	15.9%	19.3%	18.0%
HIP	35,812	\$2,388,696	\$309,063	5.0%	Out-of-Network	12.9%	3.0%	2.1%	3.1%	2.4%	4.0%	3.4%
Excellus	29,687	\$1,963,549	\$452,930	4.1%	Benefits	23.1%	27.1%	22.8%	22.4%	24.3%	26.4%	28.2%
Empire BCBS of NY	24,417	\$1,736,340	\$131,854	3.6%	Benefits	7.6%	5.8%	3.3%	6.7%	6.4%	6.3%	3.6%
HealthFirst	19,706	\$1,452,655	\$99,860	3.0%	Authorization	6.9%	6.2%	1.6%	1.8%	1.2%	2.4%	1.8%
Americhoice	20,986	\$1,372,442	\$53,694	2.9%	Authorization	3.9%	5.5%	2.9%	3.5%	4.9%	4.9%	6.6%
HealthNow - BCBS of WNY	19,532	\$1,367,743	\$509,161	2.9%	Benefits	37.2%	37.2%	29.5%	26.0%	27.8%	25.9%	25.8%
Cigna	16,084	\$1,079,677	\$166,297	2.3%	Out-of-Network	15.4%	16.0%	15.9%	13.6%	8.6%	7.9%	9.4%
MVP	13,312	\$902,940	\$125,391	1.9%	Authorization	13.9%	17.5%	17.2%	14.4%	32.9%	42.2%	43.1%
CDPHP	12,559	\$817,757	\$100,458	1.7%	Authorization	12.3%	7.8%	2.6%	0.2%	1.5%	1.4%	1.2%
MetroPlus Health Plan	10,534	\$809,710	\$413,966	1.7%	Eligibility	51.1%	54.7%	57.6%	51.3%	45.0%	41.3%	12.6%
Total	725,782	\$47,776,554	\$10,141,055	100.0%		21.2%	18.4%	16.7%	16.8%	17.0%	17.9%	16.0%

These payers represent approximately 98.9 percent of total claims billed for regulated plans..

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

*2021 Time Period: January 1, 2021 through December 31, 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



Medicaid Sweep Process

For the period from July 2013 through December 2021 there have been 2.3 million claims totaling \$151 million processed in Medicaid Sweeps. Medicaid has paid 69.4% totaling \$104.7 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	2021	254,287	\$4,670,497	\$1,378,369
Medicaid Recoup	2021	155,838	\$11,616,628	\$8,415,957
Total 2021 Code 35 and Medicaid Recoup Sweep		410,125	\$16,287,125	\$9,794,326
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		2,339,791	\$150,955,505	\$104,690,733

Note:

Code 35 initial sweep date 5/16/17

Medicaid Recoup initial sweep date 7/29/13



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.

There are 705 providers enrolled in 835's with at least 1 payer.

Remittance Data Entry					
Description	Oct 2017 - Dec 2017	Oct 2018 - Dec 2018	Oct 2019 - Dec 2019	Oct 2020 - Dec 2020	Oct 2021 - Dec 2021
835	39.9%	43.2%	41.3%	39.8%	46.5%
EOB Entry	34.6%	31.3%	37.8%	41.8%	38.7%
Remit Posting	24.4%	24.4%	15.9%	15.4%	14.5%
All Other	1.2%	1.2%	5.1%	3.0%	0.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%



Extraordinary Circumstance



- 149 unique providers have entered an Extraordinary circumstance since implementing the 90-day filing limit on February 10, 2019
- 234.6k claims totaling \$14.8m have been submitted 100+ days after the DOS
- 101.5k of the claims totaling \$6.1m had an active EC
- 133.1k of the claims totaling \$8.7m 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	52	4,724
Death of essential personnel	4	258
Hospitalization	19	1,608
Litigation	7	1,795
Natural Disaster	13	1,635
Natural Disaster/State of Emergency	92	88,789
State Administrative Delay	25	2,716
Grand Total	212	101,525

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	101,525	\$6,083,259.50	\$63,587.14	\$2,536,613.77	\$1,944,444.56	\$1,201,268.82	\$337,345.21	23,305,166	1.0%
No	133,085	\$8,682,466.50	\$115,383.54	\$3,735,538.37	\$7,644.98	\$4,384,524.78	\$439,374.83		
Grand Total	234,610	\$14,765,726.00	\$178,970.68	\$6,272,152.14	\$1,952,089.54	\$5,585,793.60	\$776,720.04		

Note: Data includes DOS February 10, 2019 through December 31, 2021

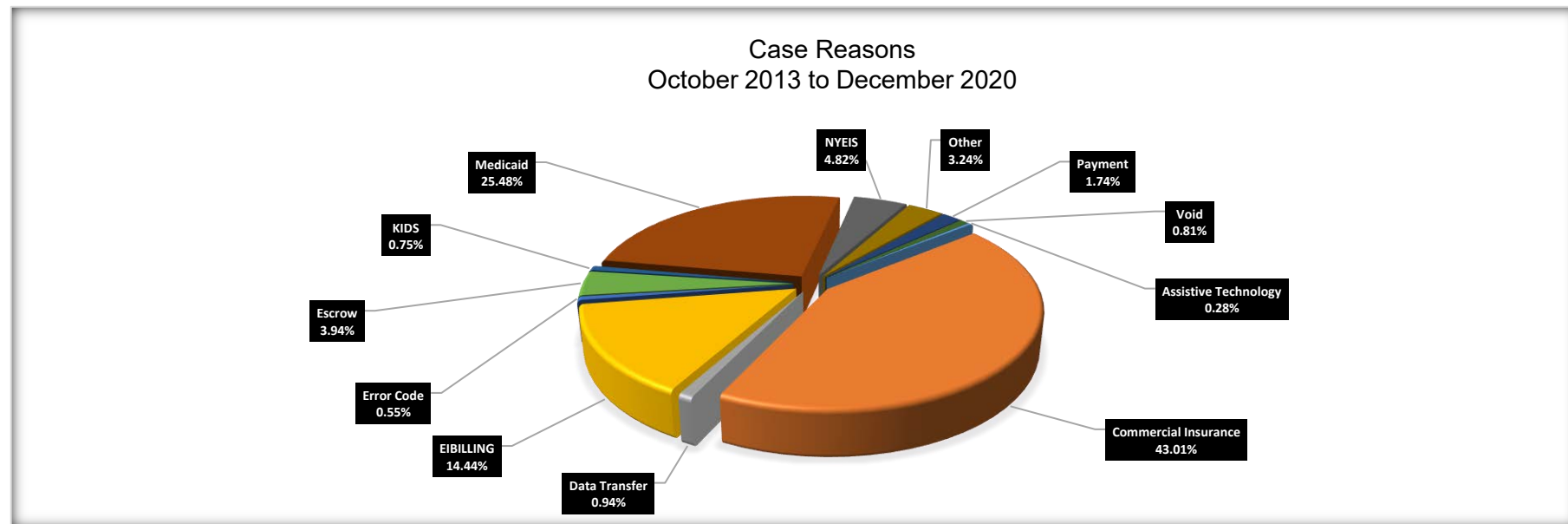


SFA Call Center Statistics

Operations Metrics: Call Center



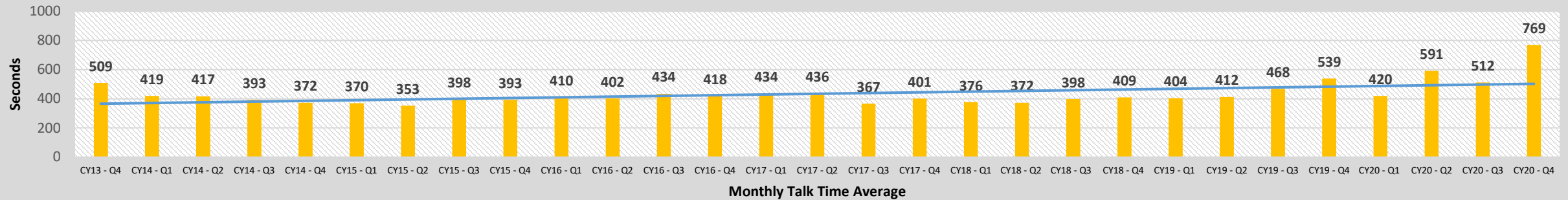
- From October 1, 2013, to December 31, 2021, PCG has handled over 107,000 calls.
- The average call volume per day is 55.22 calls
- 70.37 percent of cases are resolved within 24 hours and 77.12 percent are resolved within five days
- Average age of call center cases is 5.82days



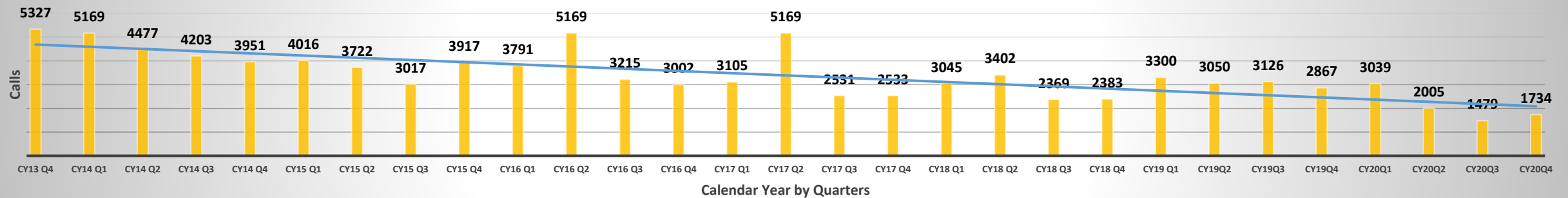
Call Center Trends



Average Talk Time



Calls Per Quarter



Question and Answer

Question and Answer

Rob Lillpopp

Public Consulting Group

Paula Van Meter

Public Consulting Group





Solutions that Matter