

NY EICC

Early Intervention Panel Discussion
March 9, 2023

Public Consulting Group



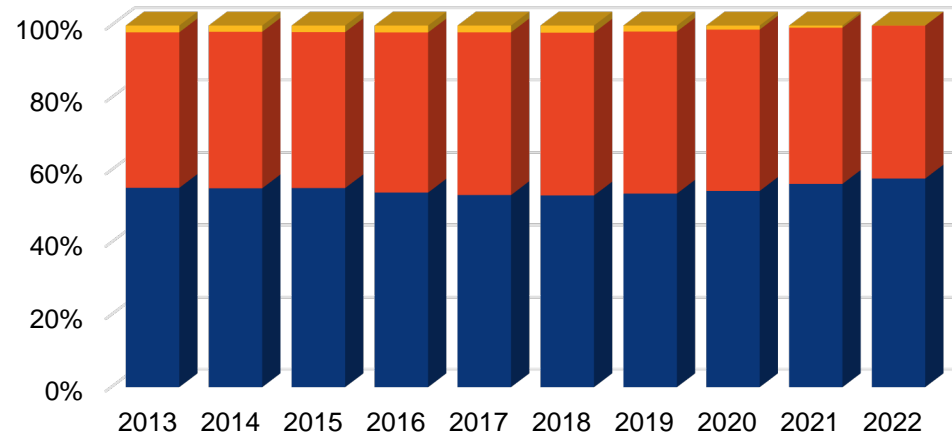
Solutions that Matter

SFA Billing and Claiming Statistics



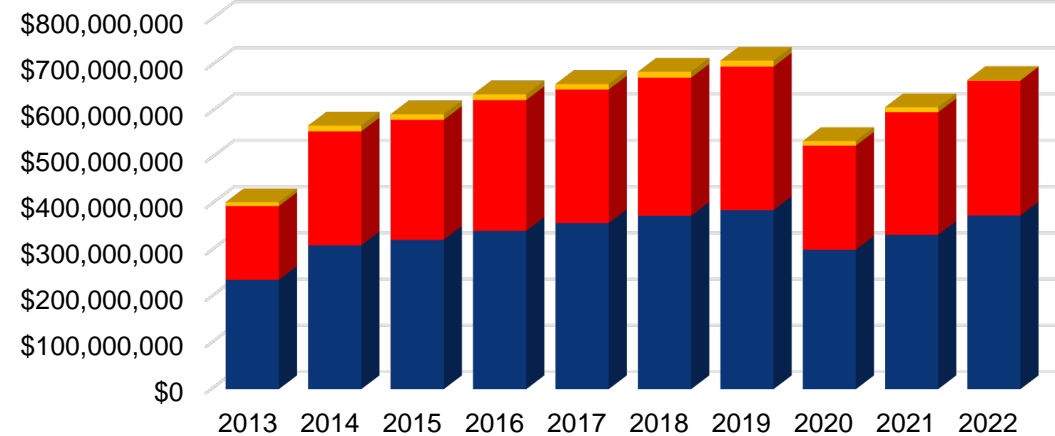
The distribution of funds by payer type for 2013-2021 is 54.9% for Escrow, 43.2% for Medicaid and 1.9% for Commercial. The total distribution of funds for January - December 2022 are now 56.1% for Escrow, 43.7% for Medicaid, and 0.2% for Commercial.

Distribution by Payer Type



■ Ins Paid ■ Medicaid Paid ■ Escrow Paid

Total Funds Expended to Date by Month



■ Ins Paid ■ Medicaid Paid ■ Escrow Paid





SFA Billing and Claiming Statistics

The distribution of funds by payer type for 2013-2021 is 54.9% for Escrow, 43.2% for Medicaid and 1.9% for Commercial. The total distribution of funds for January - December 2022 are now 56.1% for Escrow, 43.7% for Medicaid, and 0.2% for Commercial.

Year	Escrow Paid	Medicaid Paid	Ins Paid	Total
2013	58.5%	39.4%	2.1%	100.0%
2014	54.5%	43.3%	2.2%	100.0%
2015	54.3%	43.7%	2.0%	100.0%
2016	53.7%	44.4%	1.9%	100.0%
2017	54.4%	43.8%	1.8%	100.0%
2018	54.6%	43.5%	1.9%	100.0%
2019	54.4%	43.7%	1.8%	100.0%
2020	56.2%	42.0%	1.8%	100.0%
2021	54.7%	43.5%	1.8%	100.0%
2022	56.1%	43.7%	0.2%	100.0%

Year	Escrow Paid	Medicaid Paid	Ins Paid	Total Paid	Total Billed	Payment Rate
2013	\$236,387,417	\$159,420,661	\$8,425,502	\$404,233,580	\$404,226,821	100.00%
2014	\$310,905,382	\$246,629,317	\$12,508,493	\$570,043,192	\$570,068,955	100.00%
2015	\$322,774,429	\$259,730,119	\$12,149,286	\$594,653,833	\$594,661,259	100.00%
2016	\$342,341,410	\$283,003,841	\$12,380,552	\$637,725,802	\$637,775,546	99.99%
2017	\$358,925,089	\$289,261,676	\$11,824,941	\$660,011,706	\$660,187,776	99.97%
2018	\$374,802,761	\$299,024,661	\$12,947,075	\$686,774,497	\$686,940,157	99.98%
2019	\$387,036,910	\$310,765,480	\$13,031,569	\$710,833,959	\$713,365,481	99.65%
2020	\$301,379,236	\$225,393,197	\$9,841,952	\$536,614,384	\$540,965,549	99.20%
2021	\$333,568,144	\$265,423,556	\$10,915,557	\$609,907,257	\$618,008,153	98.69%
2022	\$375,330,593	\$292,220,252	\$1,307,541	\$668,858,386	\$674,144,112	99.22%
Total	\$3,343,451,370.81	\$2,630,872,760.03	\$105,332,466.31	\$6,079,656,597.15	\$6,100,343,809.33	99.66%



Medicaid Sweep Process

For the period from July 2013 through December 2022 there have been 2.6 million claims totaling \$170.4 million processed in Medicaid Sweeps. Medicaid has paid 69.1% totaling \$117.7 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	2022	89,085	\$ 2,864,767.65	\$ 2,615,272.26
Medicaid Recoup	2022	215,467	\$ 16,576,567.65	\$ 10,320,316.35
Total 2022 Code 35 and Medicaid Recoup Sweep		304,552	\$ 19,441,335.30	\$ 12,935,588.61
Code 35	2021	254,287	\$ 4,670,497.25	\$ 1,428,082.00
Medicaid Recoup	2021	155,838	\$ 11,616,628.21	\$ 8,418,205.12
Total 2021 Code 35 and Medicaid Recoup Sweep		410,125	\$ 16,287,125.46	\$ 9,846,287.12
Code 35	2020	80,642	\$ 2,739,249.25	\$ 440,993.25
Medicaid Recoup	2020	158,818	\$ 11,675,683.98	\$ 8,396,636.06
Total 2020 Code 35 and Medicaid Recoup Sweep		239,460	\$ 14,414,933.23	\$ 8,837,629.31
Code 35	2019	77,004	\$ 2,689,793.50	\$ 338,716.00
Medicaid Recoup	2019	197,650	\$ 15,020,242.30	\$ 10,250,291.39
Total 2019 Code 35 and Medicaid Recoup Sweep		274,654	\$ 17,710,035.80	\$ 10,589,007.39
Code 35	2018	7,433	\$ 254,946.00	\$ 80,054.00
Medicaid Recoup	2018	183,868	\$ 13,832,048.23	\$ 9,946,890.68
Total 2018 Code 35 and Medicaid Recoup Sweep		191,301	\$ 14,086,994.23	\$ 10,026,944.68
Code 35	2017	99,551	\$ 3,169,549.75	\$ 2,317,002.50
Medicaid Recoup	2017	204,637	\$ 15,339,434.91	\$ 11,933,188.10
Total 2017 Code 35 and Medicaid Recoup Sweep		304,188	\$ 18,508,984.66	\$ 14,250,190.60
Medicaid Recoup	2016	300,869	\$ 22,772,414.67	\$ 17,413,763.26
Medicaid Recoup	2015	297,812	\$ 22,964,035.31	\$ 15,792,792.02
Medicaid Recoup	2014	175,333	\$ 13,132,133.99	\$ 9,908,057.52
Medicaid Recoup	2013	146,049	\$ 11,078,847.84	\$ 8,078,510.09
Grand Total of All Sweeps		2,644,343	\$ 170,396,840.49	\$ 117,678,770.60

Note:

Code 35 initial sweep date 5/16/17

Medicaid Recoup initial sweep date 7/29/13



Medicaid Code 35 Assignment Statistics

July 2016 – December 2022 (78 months)

Source	Period	Successful	Unsuccessful	Total	Success %
PCG Assignment File	Jul. 2016 – pres.	410,550	149,579	560,129	73%
OHIP Data Exchange	Dec. 2016 - pres.	233,541	4,241	237,782	98%
Conflict Report Corrections	Apr. 2017 – pres.	43,661	838	44,499	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

Extraordinary Circumstance

- 181 unique providers have entered an Extraordinary circumstance since implementing the 90-day filing limit on February 10, 2019
- 330.5k claims totaling \$21.3m have been submitted 100+ days after the DOS
- 141.4k of the claims totaling \$8.9m had an active EC
- 189.1k of the claims totaling \$12.4m 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	83	20,257
Death of essential personnel	5	291
Hospitalization	27	1,928
Litigation	9	5,187
Natural Disaster	18	9,161
Natural Disaster/State of Emergency	98	102,295
State Administrative Delay	25	2,321
Grand Total	265	141,440

Note: Data includes claims submitted through December 31, 2022

Extraordinary Circumstance



Prior to the timely filing implementation, the claims submitted over 100 days averaged 4.25% compared to 1.13% after implementation; for 2022 DOS, the percentage is 0.97%.

Prior to EC Implementation

Date of Service	Total # Claims Submitted Over 100 Days	Total # Claims Submitted	% Claims > 100 Days	Avg # Days From DOS To Date Submitted (All Claims)	Avg # Days From DOS To Date Submitted (Claims > 100 Days)
2018	409,672	9,060,580	4.52%	37	210
2019 (Jan 1 - Feb 10)	15,928	964,599	1.65%	28	168
Total	425,600	10,025,179	4.25%	33	189

After EC Implementation

Date of Service	Total # Claims Submitted Over 100 Days	Total # Claims Submitted	% Claims > 100 Days	Avg # Days From DOS To Date Submitted (All Claims)	Avg # Days From DOS To Date Submitted (Claims > 100 Days)
2019 (Feb 11 - Dec 31)	60,841	8,363,253	0.73%	26	175
2020	102,795	7,324,082	1.40%	28	165
2021	116,370	8,199,075	1.42%	28	166
2022	65,689	6,800,846	0.97%	26	138
Total	345,695	30,687,256	1.13%	27	161

*Note: If date submitted is NULL then Added date is used to calculate claims submitted over 100 days.

Date submitted started populating in the PCG system 1/1/2019

Data includes claims with DOS through December 31, 2022





Percentage of Claims Billed by Initial Payer

Due to Covered Lives, claims with an active insurance policy for Date of Service 1/1/2022 or after will no longer be billed to commercial insurance or Medicaid. PCG implemented the updates starting with the March 21, 2022 NYEIS file.

- When comparing December 2021 and December 2022, Medicaid billed amounts increased 1.6% and Escrow billed amounts increased 7.5%.

July 2021 - December 2021 (6 Months)

Added Date	Commercial	Medicaid	Escrow
Jul-2021	9.6%	54.6%	35.8%
Aug-2021	9.0%	55.9%	35.1%
Sep-2021	8.8%	55.2%	36.0%
Oct-2021	8.7%	56.0%	35.4%
Nov-2021	8.6%	56.2%	35.1%
Dec-2021	9.1%	55.6%	35.3%

Average	9.0%	55.6%	35.5%
---------	------	-------	-------

July 2022 - December 2022 (6 Months)

Added Date	Commercial	Medicaid	Escrow
Jul-2022	0.0%	57.4%	42.6%
Aug-2022	0.0%	57.3%	42.7%
Sep-2022	0.0%	56.5%	43.5%
Oct-2022	0.0%	57.4%	42.6%
Nov-2022	0.0%	57.7%	42.3%
Dec-2022	0.0%	57.2%	42.8%

Average	0.0%	57.2%	42.8%
---------	------	-------	-------



Percentage of Claims Billed by Initial Payer



Due to Covered Lives, claims with an active insurance policy for Date of Service 1/1/2022 or after will no longer be billed to commercial insurance or Medicaid. PCG implemented the updates starting with the March 21, 2022 NYEIS file.

- Starting in June 2022, commercial insurance percentage billed was 0%.
- When comparing January 2022 to December 2022, Medicaid increased 0.3% and Escrow increased 8.3%.

January 2022 - December 2022 (1 year)

Added Date	Commercial	Medicaid	Escrow
Jan-2022	8.6%	56.9%	34.5%
Feb-2022	8.6%	56.8%	34.6%
Mar-2022	4.6%	56.5%	39.0%
Apr-2022	0.1%	55.7%	44.2%
May-2022	0.1%	56.9%	43.0%
Jun-2022	0.0%	56.6%	43.4%
Jul-2022	0.0%	57.4%	42.6%
Aug-2022	0.0%	57.3%	42.7%
Sep-2022	0.0%	56.5%	43.5%
Oct-2022	0.0%	57.4%	42.6%
Nov-2022	0.0%	57.7%	42.3%
Dec-2022	0.0%	57.2%	42.8%





Medicaid Denials

Top 10 denials by billed amount for December 2022

- December's Medicaid Denials total \$8.8m, with a decrease of \$1.1m from November's total of \$9.8m.
- The majority of denied claims for December 2022 were due to denial code 97, 22 and 200.

CARCode	CARDescription	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Total Billed	Total %
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.	\$8,215,839	\$9,354,941	\$7,817,424	\$6,686,238	\$7,353,490	\$6,703,706	\$46,131,638	72.8%
22	This care may be covered by another payer per coordination of benefits.	\$1,249,575	\$1,452,888	\$1,185,788	\$775,952	\$913,463	\$854,362	\$6,432,027	10.2%
200	Expenses incurred during lapse in coverage	\$787,702	\$993,238	\$753,614	\$756,595	\$929,216	\$638,204	\$4,858,568	7.7%
96	Non-covered charge(s).	\$375,249	\$358,091	\$450	\$658	\$1,355	\$178,523	\$914,326	1.4%
29	The time limit for filing has expired.	\$407,373	\$901,173	\$359,447	\$293,294	\$333,088	\$175,759	\$2,470,133	3.9%
16	Claim/service lacks information which is needed for adjudication.	\$121,090	\$119,333	\$83,823	\$70,094	\$102,986	\$85,524	\$582,850	0.9%
183	The referring provider is not eligible to refer the service billed.	\$62,093	\$99,024	\$75,999	\$86,203	\$82,048	\$44,158	\$449,524	0.7%
242	Services not provided by network/primary care providers.	\$17,524	\$15,877	\$63,394	\$39,922	\$49,135	\$25,137	\$210,988	0.3%
9	The diagnosis is inconsistent with the patient's age.	\$27,751	\$37,438	\$28,307	\$29,316	\$33,553	\$24,784	\$181,149	0.3%
136	Failure to follow prior payer's coverage rules. (Use only with Group Code OA).	\$133,966	\$67,347	\$12,811	\$13,583	\$18,038	\$10,020	\$255,765	0.4%
Top 10 denials		\$11,398,160	\$13,399,350	\$10,381,056	\$8,751,854	\$9,816,371	\$8,740,175	\$62,486,967	98.7%
Other denials		\$679,889	\$35,885	\$45,731	\$44,134	\$19,010	\$18,369	\$843,017	1.3%
Total denial amount		\$12,078,050	\$13,435,235	\$10,426,787	\$8,795,988	\$9,835,381	\$8,758,544	\$63,329,984	100.0%
Total Amount Billed to Medicaid		\$40,214,304	\$44,332,140	\$36,868,093	\$29,887,802	\$34,901,276	\$31,788,644	\$217,992,259	
Denial Rate		30.0%	30.3%	28.3%	29.4%	28.2%	27.6%	29.1%	





Medicaid Denials

Top 10 denials by number of transactions for December 2022

- December's Medicaid Denials total 94.0k, with a decrease of 11.1k from November's total of 105.1k.
- The majority of denied claims for December 2022 were due to denial code 97, 22 and 200.

CARCode	CARDescription	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Total # Denials	Total %
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.	79,426	89,617	74,543	64,041	69,732	63,432	440,791	63.8%
22	This care may be covered by another payer per coordination of benefits.	13,550	15,650	12,763	8,676	10,294	9,454	70,387	10.2%
200	Expenses incurred during lapse in coverage	10,190	13,348	10,037	10,005	12,435	8,734	64,749	9.4%
96	Non-covered charge(s).	11,023	10,283	11	3	6	5,493	26,819	3.9%
29	The time limit for filing has expired.	7,757	15,981	7,753	6,875	7,667	3,379	49,412	7.1%
16	Claim/service lacks information which is needed for adjudication.	1,992	2,126	1,490	1,127	1,485	1,427	9,647	1.4%
242	Services not provided by network/primary care providers.	494	494	2,017	1,274	1,547	762	6,588	1.0%
183	The referring provider is not eligible to refer the service billed.	821	1,320	1,018	1,162	1,054	620	5,995	0.9%
9	The diagnosis is inconsistent with the patient's age.	355	483	363	381	432	322	2,336	0.3%
243	Services not authorized by network/primary care providers.	169	344	316	489	89	120	1,527	0.2%
Top 10 denials		125,777	149,646	110,311	94,033	104,741	93,743	678,251	98.1%
Other denials		10,869	852	414	293	339	227	12,994	1.9%
Total denial amount		136,646	150,498	110,725	94,326	105,080	93,970	691,245	100.0%
Total Amount Billed to Medicaid		543,533	590,864	515,723	393,556	459,117	418,276	2,921,069	
Denial Rate		25.1%	25.5%	21.5%	24.0%	22.9%	22.5%	23.7%	

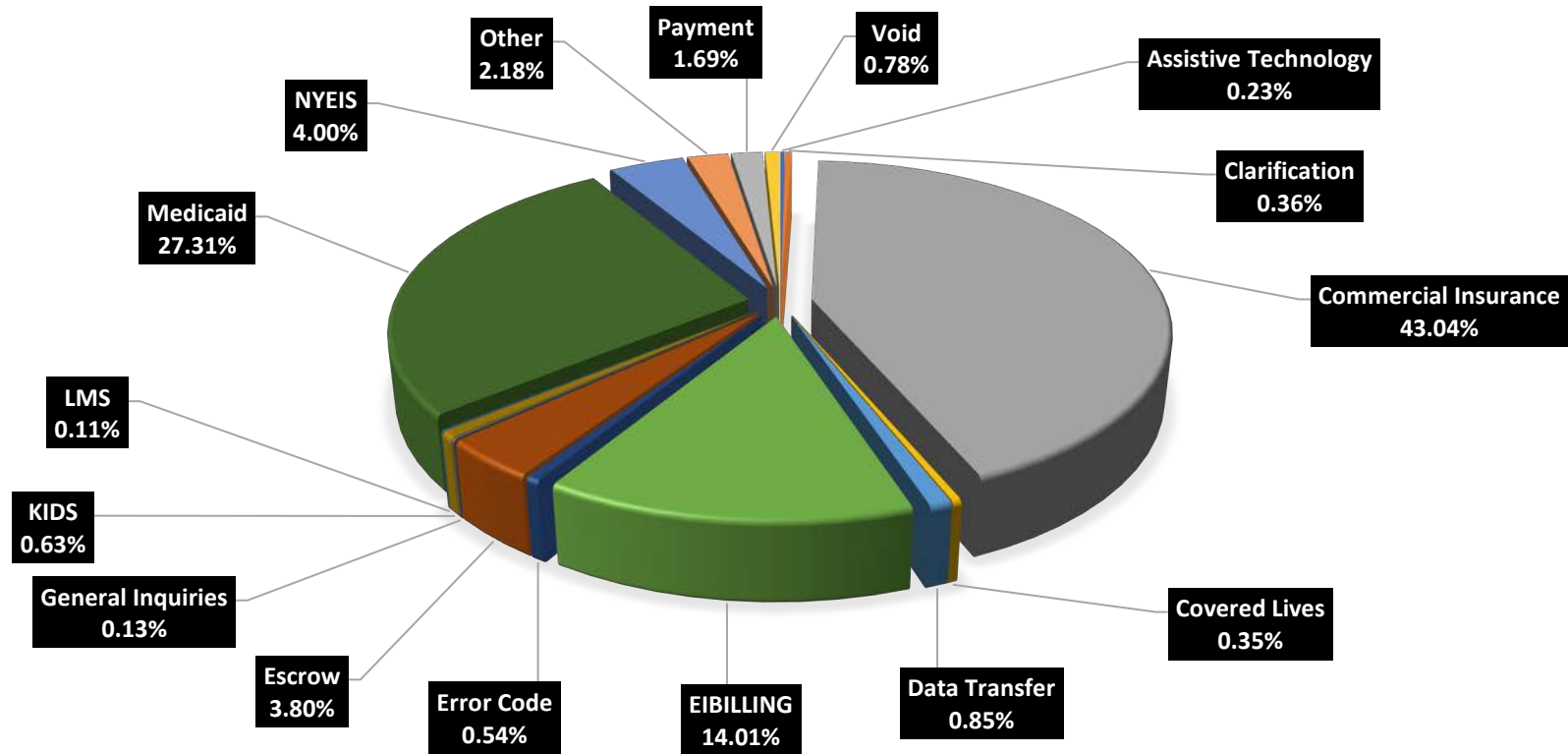


SFA Call Center Statistics

Operations Metrics: Call Center



CASE REASON
OCTOBER 2013 TO DECEMBER 2022



SFA Call Center Statistics

Case Reasons Calendar Year (CY) 21-22



Case Reason	CY 2021	CY 2022
Commercial Insurance	41.96%	26.94%
Covered Lives*		4.14%
EI Billing	17.35%	15.79%
Escrow	3.59%	4.57%
Medicaid	32.85%	44.22%
NYEIS	2.31%	2.64%

Case Reasons with less than 1% each in CY 21 and 22:

Assistive Technology, Case Management, Clarification, Enrollment, General Inquiries, LMS, Other, Payment, Training Request and Void.

*Covered lives Case Reason added in 2022





SFA Call Center Statistics

Case Reasons Calendar Year (CY) 2022 by Quarter

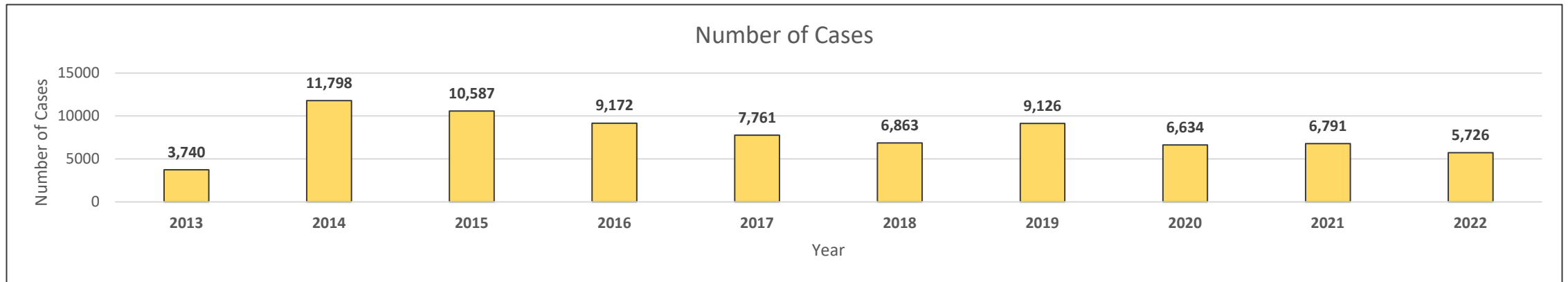
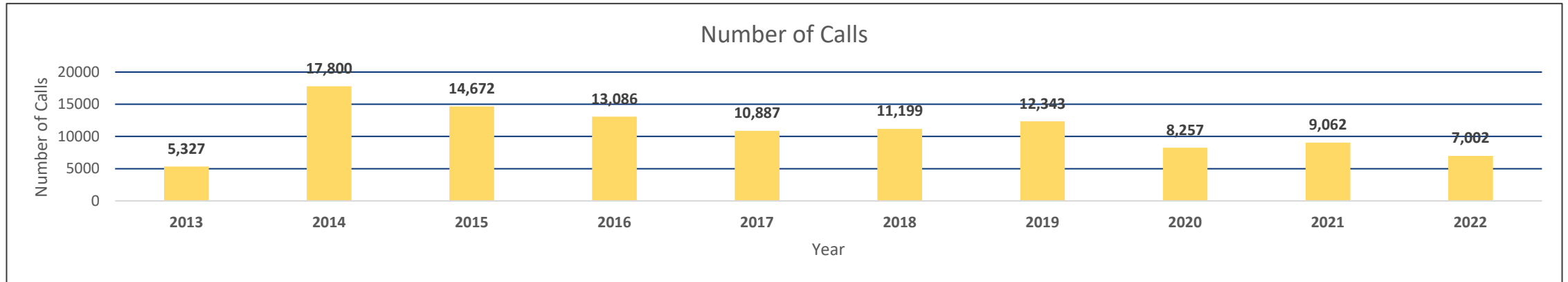
Case Reason	Jan-Mar 22	Apr-Jun 22	Jul-Sep 22	Oct-Dec 22
Case Management System*	0.15%	0.14%	0.32%	
Commercial Insurance	38.05%	25.04%	21.07%	15.70%
Covered Lives	3.03%	4.80%	3.47%	6.18%
EI Billing	15.27%	14.81%	14.13%	20.22%
EI Hub Portal*	0.00%	0.00%	0.08%	
Escrow	3.29%	3.67%	4.74%	8.05%
General Inquiries	0.62%	0.35%	0.08%	0.00%
LMS*	0.77%	0.49%	0.63%	
Medicaid	35.99%	47.81%	50.91%	46.61%
NYEIS	2.11%	2.54%	3.95%	2.16%
Payment	0.41%	0.14%	0.08%	1.08%
Training Request	0.00%	0.00%	0.08%	0.00%
Void	0.31%	0.14%	0.47%	0.00%

*Case Reasons added to the EI-Hub Sandbox call statistics



SFA Call Center Statistics

Call Center Trends



Question and Answer

Rob Lillpopp

Public Consulting Group

Paula Van Meter

Public Consulting Group





PUBLIC
CONSULTING GROUP

Solutions that Matter