New York Early Intervention Coordinating Council

March 14, 2023

Public Consulting Group (PCG)



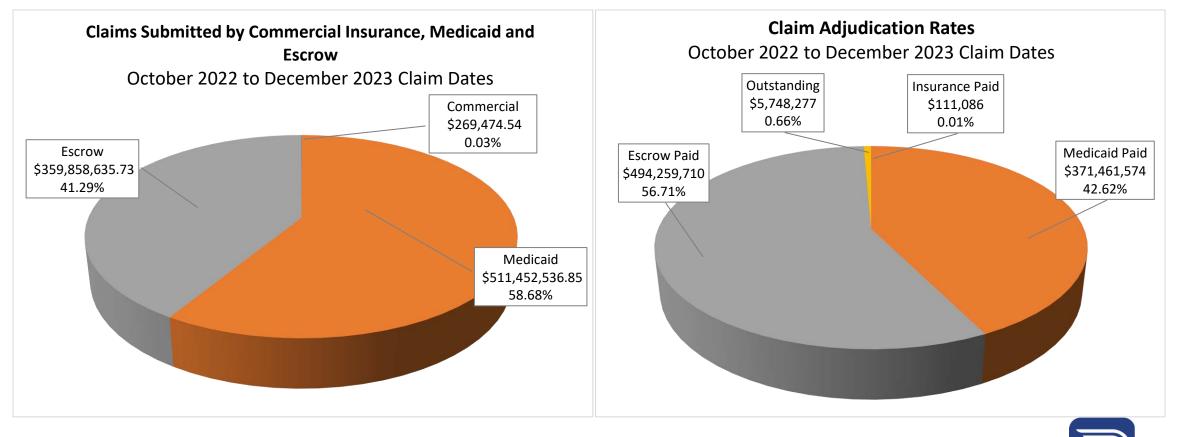


Solutions that Matter

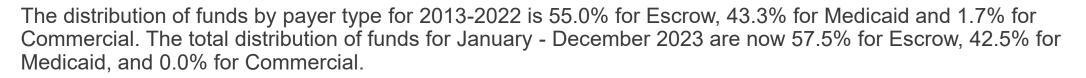
State Fiscal Agent Billing and Claiming Statistics

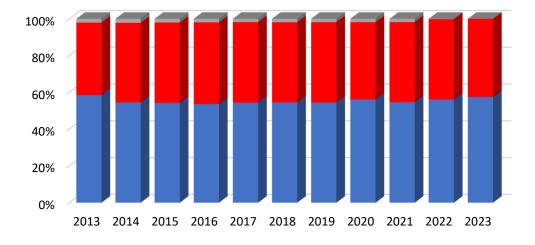


• For the period from October 1, 2022, to December 31, 2023, the State Fiscal Agent has billed \$871.6 million in claims. Providers have received \$865.8 million in payments with \$5.8 million outstanding for that period. Since 4/1/13 over \$6.9 billion claims have been processed and 99.4% paid.



Billing and Claiming Statistics





Distribution by Payer Type

Ins Paid Medicaid Paid Escrow Paid

\$800,000,000 \$700,000 \$600,000 \$500,000 \$400,000 \$300,000 \$300,000 \$200,000 \$100,000 \$0 \$0 \$00,000 \$0 \$00,000 \$0 \$00,000 \$000,000 \$200,000 \$000,000 \$000,000 \$000,000 \$200,000,000 \$000,0000 \$000,000 \$000,000 \$000,000 \$000,0000 \$000,000 \$0

Total Funds Expended to Date by Year

■ Ins Paid ■ Medicaid Paid ■ Escrow Paid



Billing and Claiming Statistics



The distribution of funds by payer type for 2013-2022 is 55.0% for Escrow, 43.3% for Medicaid and 1.7% for Commercial. The total distribution of funds for January - December 2023 are now 57.5% for Escrow, 42.5% for Medicaid, and 0.0% for Commercial.

	Year	Escrow	v Paid	Medicaid	Paid	Ins Paid	т	otal
20)13		58.5%	3	9.4%	2.1%	1	00.0%
20	014	!	54.5%	4	3.3%	2.2%	1	00.0%
20	015		54.3%	4	3.7%	2.0%	1	00.0%
20	016	!	53.7%	4	4.4%	1.9%	1	00.0%
20	017	!	54.4%	4	3.8%	1.8%	1	00.0%
20	018	!	54.6%	4	3.5%	1.9%	1	00.0%
20	019	!	54.5%	4	3.7%	1.8%	1	00.0%
20	020	!	56.2%	4	2.0%	1.8%	1	00.0%
20	021	!	54.7%	4	3.5%	1.8%	1	00.0%
20)22	!	56.1%	4	3.7%	0.2%	1	00.0%
20	023		57.5%	4	2.5%	0.0%	1	00.0%
d	Medicaid	Paid	Ins Pa	aid	Tota	Paid		Total

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%
2023	\$408,290,225	\$302,165,490	\$62,459	\$710,518,174	\$715,623,310	99.29%
Total	\$3,751,741,596	\$2,933,038,250	\$105,394,925	\$6,790,174,771	\$6,815,967,119	99.62%



Medicaid Sweep Process

For the period from July 2013 through December 2023 there have been 2.9 million claims totaling \$184.6 million processed in Medicaid Sweeps. Medicaid has paid 68.9% totaling \$127.2 million. This monthly sweep includes:

- Claims that had Medicaid Code 35 errors that have been correctly assigned by State Fiscal Agent
- Claims initially paid from escrow where the child is later identified to have Medicaid coverage

Process	Sweep Date	# of Services		Billed Amount		Paid Amount
Code 35	2023	131,383	\$	4,394,332.32	\$	2,713,826.47
Medicaid Recoup	2023	120,136	\$	9,809,050.09	\$	6,768,131.73
Total 2023 Code 35 and Medicaid Recoup Sweep		251,519	\$	14,203,382.41	\$	9,481,958.20
Code 35	2022	89,085	\$	2,864,767.65	\$	2,634,115.89
Medicaid Recoup	2022	215,467	\$	16,576,567.83	\$	10,337,340.73
Total 2022 Code 35 and Medicaid Recoup Sweep		304,552	\$	19,441,335.48	\$	12,971,456.62
Code 35	2021	254,287	\$	4,670,497.25	\$	1,427,308.00
Medicaid Recoup	2021	155,838	\$	11,616,628.21	\$	8,419,426.12
Total 2021 Code 35 and Medicaid Recoup Sweep		410,125	\$	16,287,125.46	\$	9,846,734.12
Code 35	2020	80,642	\$	2,739,249.25	\$	440,993.25
Medicaid Recoup	2020	158,818	\$	11,675,683.98	\$	8,396,636.00
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	\$	338,716.0
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	\$	9,947,196.68
Total 2018 Code 35 and Medicaid Recoup Sweep		191,301	\$	14,086,994.23	\$	10,027,250.68
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
Total 2013-2016 Medicaid Recoup Sweep		920,063	\$	69,947,431.81	\$	51,193,122.89
Grand Total of All Sweeps		2,895,862	Ś	184,600,223.08	Ś	127,197,349.81

Note:

Code 35 initial sweep date 5/16/17 Medicaid Recoup initial sweep date 7/29/13





Medicaid Code 35 Assignment Statistics

July 2016 – Dec 2023 (90 months)

Source	Period	Successful	Unsuccessful	Total	Success %
PCG Assignment File	Jul. 2016 – pres.	483,048	167,256	650,304	74%
OHIP Data Exchange	Dec. 2016 - pres.	269,784	4,544	274,328	98%
Conflict Report Corrections	Apr. 2017 – pres.	49,026	854	49,880	98%

- The Public Consulting Group Assignment File is sent weekly to Medicaid.
- Office of Health Insurance Programs (OHIP) File is sent monthly to the Public Consulting Group.
- Conflict Report Corrections are sent periodically upon resolution by the Municipality.
- Prior to this process, Early Intervention Providers had to use a completely manual process to have a Code 35 assigned correctly.





Extraordinary Circumstance

- 207 unique providers have entered an Extraordinary Circumstance (Case) since implementing the 90-day filing limit on February 10, 2019
- 416.6k claims totaling \$27.5m have been submitted 100+ days after the Dates of Service (DOS)
- 182.7k of the claims totaling \$12.0m had an active Case
- 233.9k of the claims totaling \$15.5m did not have an active Case
- Any claim submitted > 100 days and has not been adjudicated with Case logic will be picked up in a subsequent sweep.

		# of Claims
Type of Circumstance	# of Providers	with active EC
Audit Findings	103	35,734
Death of essential personnel	6	447
Hospitalization	33	3,310
Litigation	17	7,503
Natural Disaster	22	4,313
Natural Disaster/State of Emergency	102	128,707
State Administrative Delay	26	2,710
Grand Total	309	182,724



Extraordinary Circumstance



Prior to the timely filing implementation, the claims submitted over 100 days averaged 4.25% compared to 1.02% after implementation; for 2023 Date Of Service (DOS), the percentage is 0.62%.

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	409,669	9,059,842	4.52%	37	210
2019 (Jan 1 - Feb 10)	15,928	964,598	1.65%	28	168
Total	425,597	10,024,440	4.25%	33	189

Prior to Implementation

After 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	8,363,246	0.73%	26	175
2020	102,794	7,323,980	1.40%	28	165
2021	117,625	8,199,739	1.43%	28	170
2022	91,889	8,862,878	1.04%	27	163
2023	58,431	9,378,469	0.62%	25	138
Total	431,580	42,128,312	1.02%	27	162

*Note: If date submitted is NULL then Added date is used to calculate claims submitted over 100 days. Date submitted started populating in the Public Consulting Group system 1/1/2019 Data includes claims with Date Of Service through December 31, 2023





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. State Fiscal Agent implemented the updates starting with the March 21,2022 New York Early Intervention System (NYEIS) file.

• When comparing December 2022 and December 2023, Medicaid billed amounts decreased 0.2% and Escrow billed amounts increased 0.2%.

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%

July 2022 - December 2022 (6 Months)
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	Average	0.0%	57.2%	42.8%
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July 2023 - December 2023 (6 Months)

Added Date	Commercial	Medicaid	Escrow
Jul-2023	0.0%	56.7%	43.3%
Aug-2023	0.0%	56.8%	43.2%
Sep-2023	0.0%	56.9%	43.1%
Oct-2023	0.0%	56.9%	43.1%
Nov-2023	0.0%	57.6%	42.4%
Dec-2023	0.0%	57.0%	43.0%

Average	0.0%	57.0%	43.0%



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. The Public Consulting Group implemented the updates starting with the March 21,2022 New York Early Intervention System (NYEIS) file.

• When comparing January 2023 to December 2023, Medicaid decreased 1.1% and Escrow increased 1.1%.

January 2023 - December 2023 (1 year)

Added Date	Commercial	Medicaid	Escrow
Jan-2023	0.0%	58.1%	41.9%
Feb-2023	0.0%	57.9%	42.1%
Mar-2023	0.0%	58.2%	41.8%
Apr-2023	0.0%	57.9%	42.1%
May-2023	0.0%	57.5%	42.5%
Jun-2023	0.0%	57.1%	42.9%
Jul-2023	0.0%	56.7%	43.3%
Aug-2023	0.0%	56.8%	43.2%
Sep-2023	0.0%	56.9%	43.1%
Oct-2023	0.0%	56.9%	43.1%
Nov-2023	0.0%	57.6%	42.4%
Dec-2023	0.0%	57.0%	43.0%



Medicaid Denials



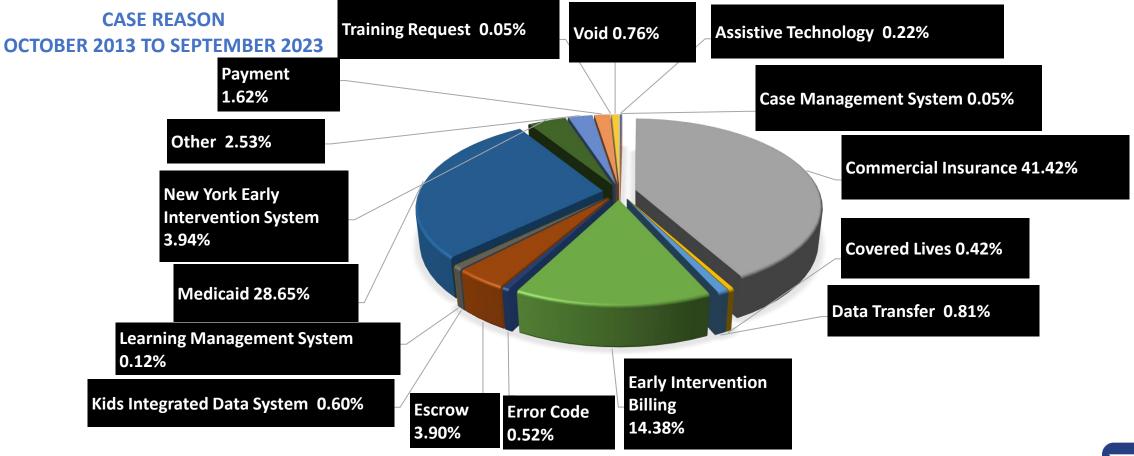
Top 10 denials by billed amount for December 2023

- December's Medicaid Denials total \$9.1m, with a decrease of \$2.1m from November's total of \$11.2m.
- The majority of denied claims for December 2023 were due to denial code 97, 200 and 22.

CARCode	CARDescription	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Total Billed	Total %
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.	\$7,759,396	\$10,158,026	\$7,807,500	\$7,123,325	\$7,932,228	\$6,039,152	\$46,819,627	74.1%
200	Expenses incurred during lapse in coverage	\$885,844	\$644,609	\$456,015	\$896,309	\$1,473,140	\$1,466,753	\$5,822,668	9.2%
22	This care may be covered by another payer per coordination of benefits.	\$817,666	\$1,074,568	\$808,101	\$725,186	\$933,415	\$702,063	\$5,060,999	8.0 %
96	Non-covered charge(s).	\$518,794	\$487,489	\$711,872	\$642,932	\$435,087	\$523,931	\$3,320,105	5.3%
16	Claim/service lacks information which is needed for adjudication.	\$102,849	\$84,823	\$89,795	\$84,755	\$116,923	\$147,175	\$626,320	1.0 %
29	The time limit for filing has expired.	\$156,573	\$137,645	\$76,154	\$72,597	\$122,618	\$79,016	\$644,602	1.0 %
242	Services not provided by network/primary care providers.	\$43,587	\$57,350	\$27,662	\$65,102	\$25,881	\$64,858	\$284,439	0.5%
183	The referring provider is not eligible to refer the service billed.	\$40,646	\$65,208	\$40,686	\$31,016	\$44,275	\$30,235	\$252,066	0.4%
9	The diagnosis is inconsistent with the patient's age.	\$27,059	\$29,598	\$25,640	\$25,588	\$35,639	\$22,494	\$166,018	0.3%
6	The procedure/revenue code is inconsistent with the patient's age.	\$11,638	\$4,641	\$6,907	\$13,227	\$26,018	\$12,829	\$75,260	0.1%
Top 10 denials		\$10,364,053	\$12,743,958	\$10,050,331	\$9,680,036	\$11,145,224	\$9,088,505	\$63,072,105	99.8 %
Other denials		\$15,677	\$29,936	\$6,281	\$8,588	\$30,418	\$10,211	\$101,111	0.2%
Total denial amount		\$10,379,730	\$12,773,894	\$10,056,611	\$9,688,624	\$11,175,642	\$9,098,715	\$63,173,216	100.0%
Total Amount Billed to Medicaid		\$36,656,656	\$44,347,756	\$35,963,942	\$31,707,952	\$37,665,752	\$29,816,456	\$216,158,514	
Denial Rate		28.3%	28.8%	28.0%	30.6%	29.7 %	30.5%	29.2%	



State Fiscal Agent Call Center Statistics Operations Metrics: Call Center







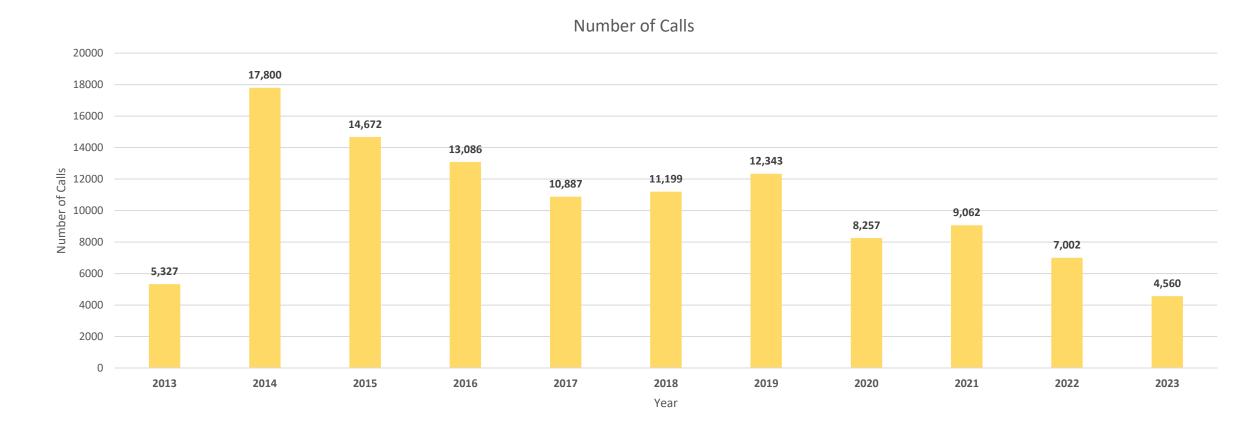
State Fiscal Agent Call Center Statistics Case Reasons Oct 22-Dec 23 by Quarter

Case Reason	Oct-Dec 22	Jan-Mar 23	Apr-Jun 23	Jul-Sep 23	Oct-Dec 23
Assistive Technology				0.15%	
Case Management System*					0.58%
Commercial Insurance	15.70%	12.42%	0.15%	6.67%	4.54%
Covered Lives	6.18%	3.61%	1.04%	1.04%	1.05%
El Billing	20.22%	17.77%	25.48%	25.48%	19.09%
El Hub Portal*					1.28%
Escrow	8.05%	7.68%	58.37%	6.07%	6.75%
General Inquiries					2.56%
Learning Management System (LMS)					
					1.63%
Medicaid	46.61%	55.35%	2.07%	58.37%	56.46%
New York Early Intervention System					
(NYEIS)	2.16%	2.56%	0.15%	2.07%	3.84%
Other					1.28%
Payment	1.08%	0.23%			0.58%
Provider Enrollment Management					
Training					
Training Request					
Void		0.30%		0.15%	0.35%

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



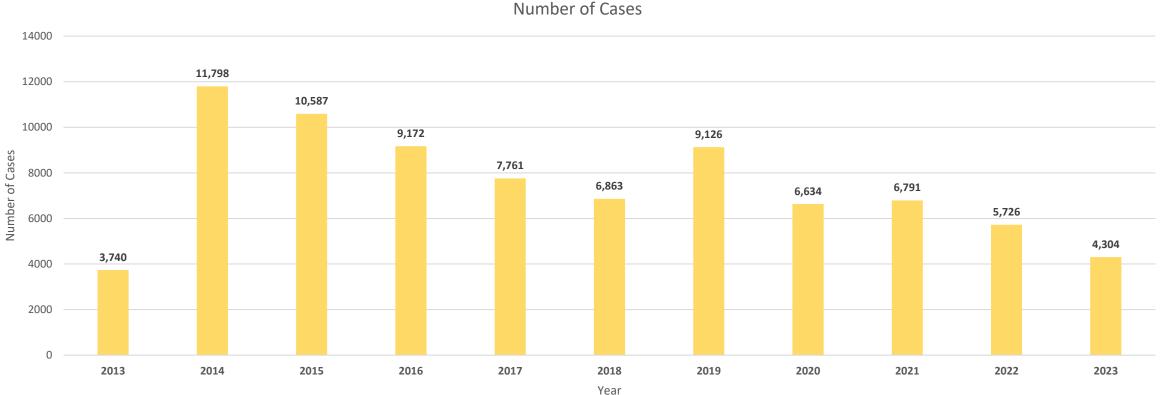
State Fiscal Agent Call Center Statistics Operations Metrics: Call Center



early intervention



State Fiscal Agent Call Center Statistics Operations Metrics: Call Center





early intervenzy.



Question and Answer

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Solutions that Matter