New York Early Intervention Coordinating Council

March 14, 2023

Public Consulting Group (PCG)



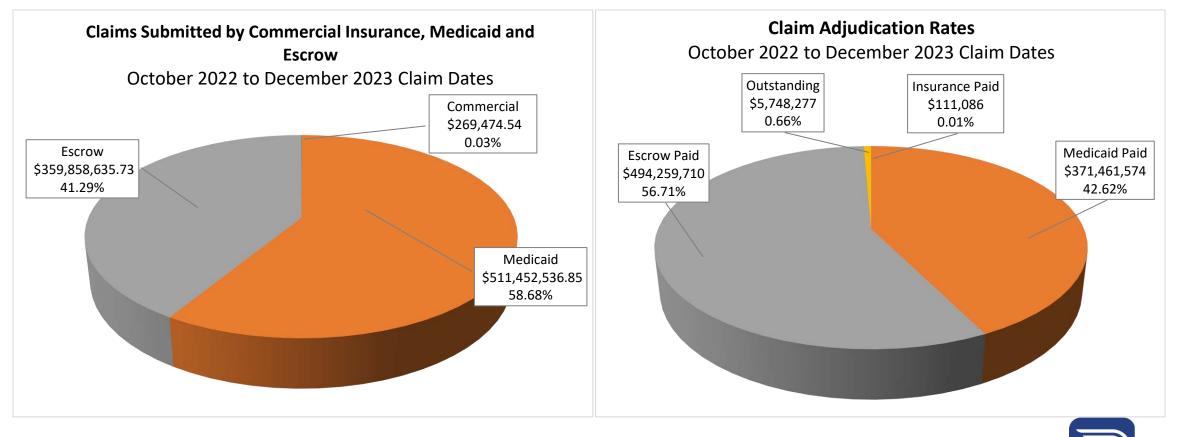


Solutions that Matter

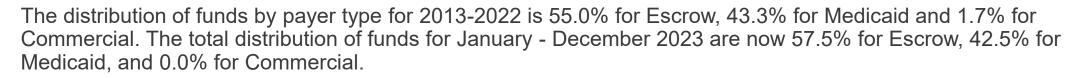
State Fiscal Agent Billing and Claiming Statistics

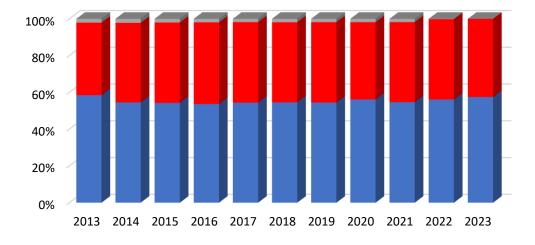


• For the period from October 1, 2022, to December 31, 2023, the State Fiscal Agent has billed \$871.6 million in claims. Providers have received \$865.8 million in payments with \$5.8 million outstanding for that period. Since 4/1/13 over \$6.9 billion claims have been processed and 99.4% paid.



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) |
|-----------------------------|-----------|
|-----------------------------|-----------|

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

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



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• 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



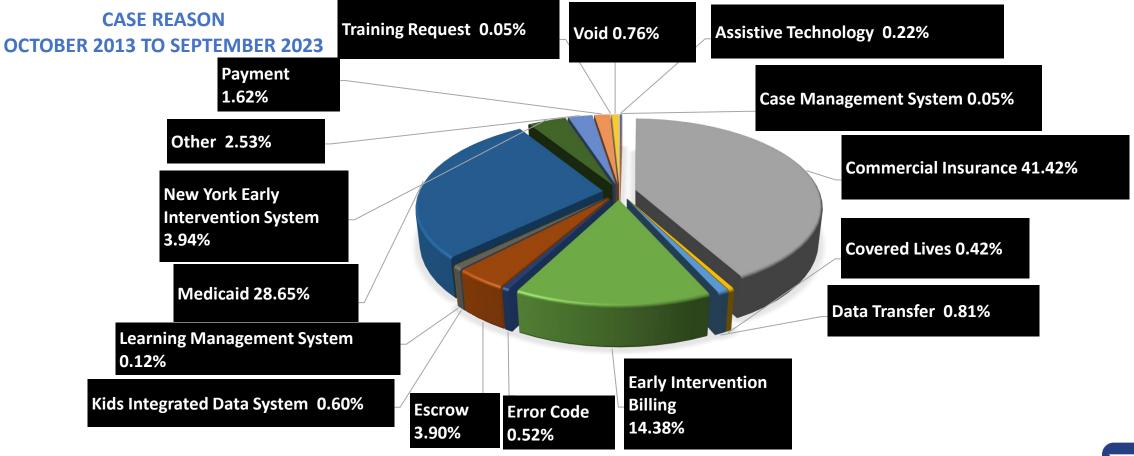
Top 10 denials by billed amount for December 2023

- 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







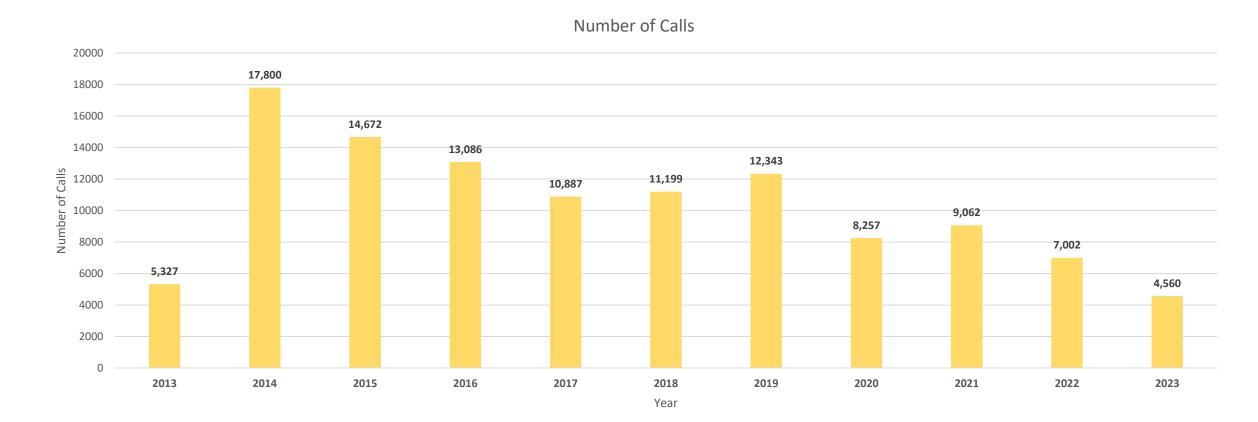
State Fiscal Agent Call Center Statistics Case Reasons Oct 22-Dec 23 by Quarter

| 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



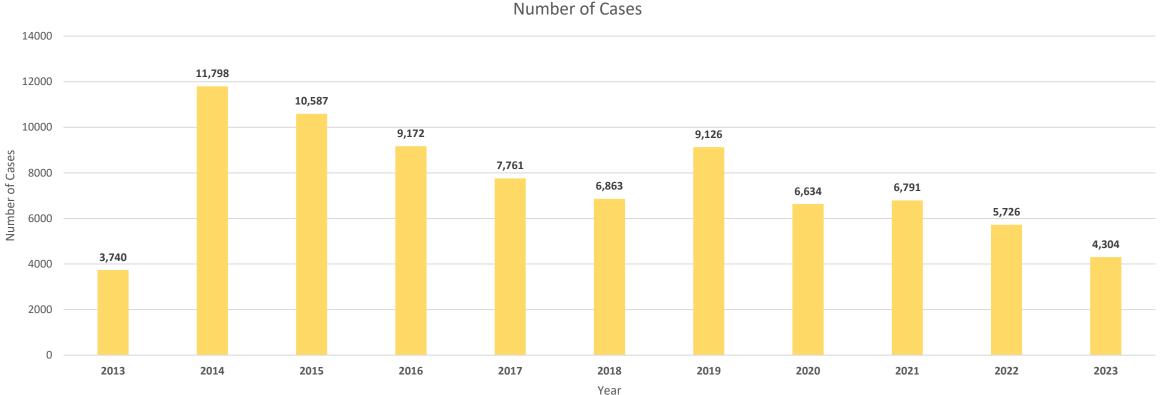
State Fiscal Agent Call Center Statistics Operations Metrics: Call Center



early intervention



State Fiscal Agent Call Center Statistics Operations Metrics: Call Center





early intervenzy.



Question and Answer

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Solutions that Matter