

New York Early Intervention Coordinating Council

June 13, 2024

Public Consulting Group (PCG)



Solutions that Matter

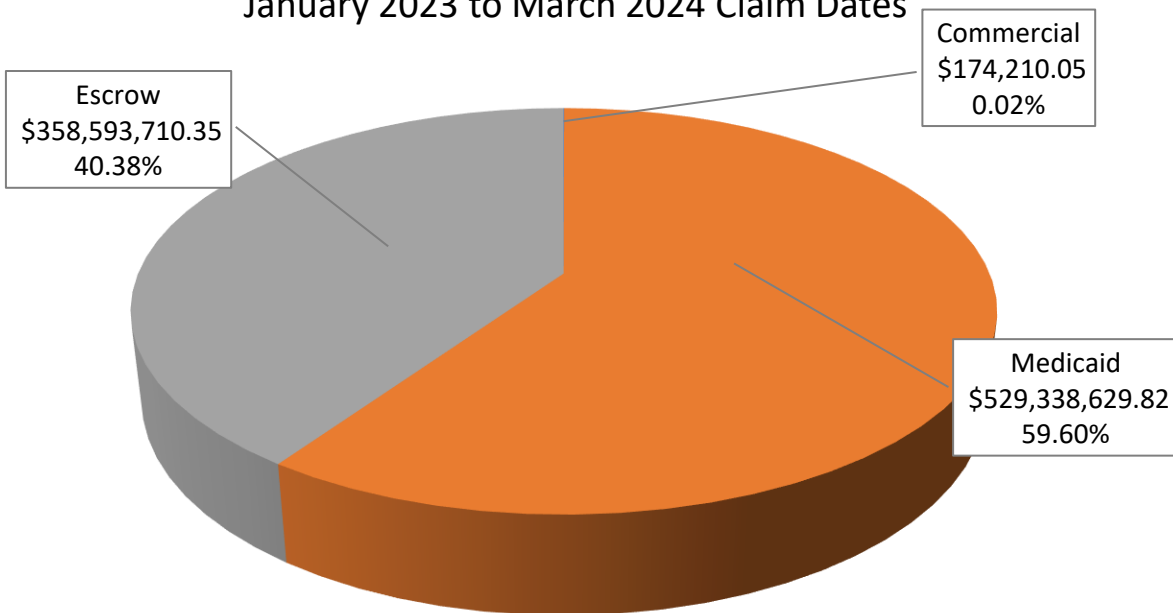
State Fiscal Agent Billing and Claiming Statistics



- For the period from January 1, 2023, to March 31, 2024, the State Fiscal Agent has billed \$888.1 million in claims. Providers have received \$882.7 million in payments with \$5.4 million outstanding for that period. Since 4/1/13 over \$7.1 billion claims have been processed and 99.3% paid.

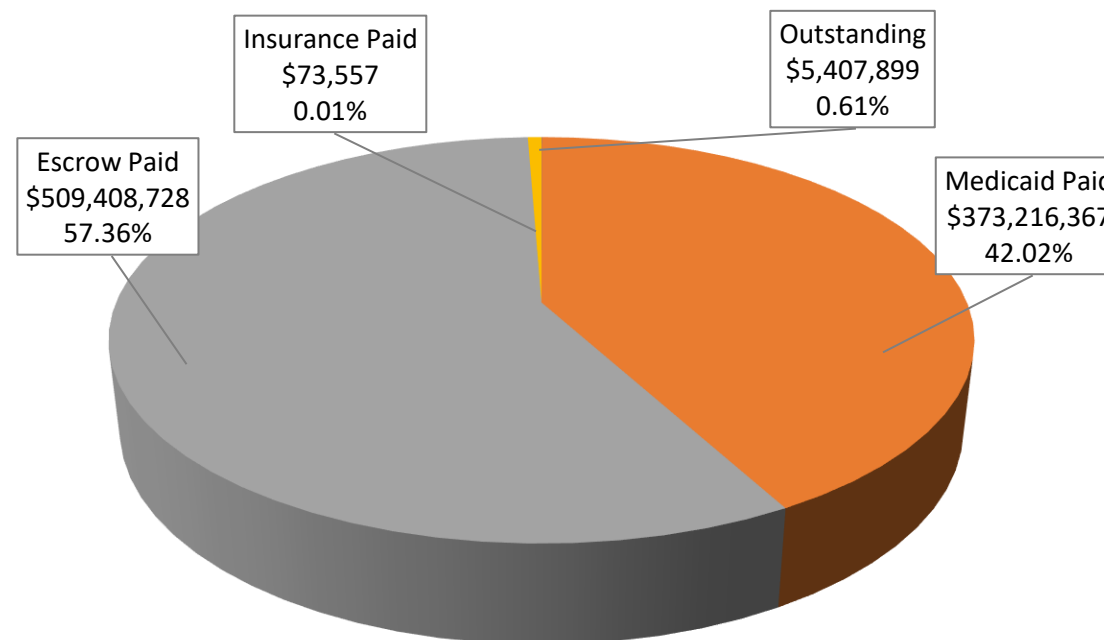
Claims Submitted by Commercial Insurance, Medicaid and Escrow

January 2023 to March 2024 Claim Dates



Claim Adjudication Rates

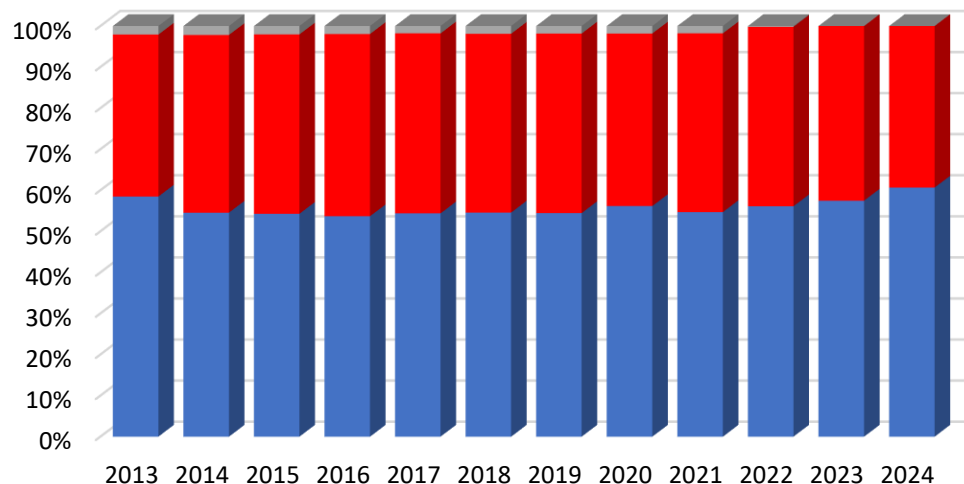
January 2023 to March 2024 Claim Dates



Billing and Claiming Statistics

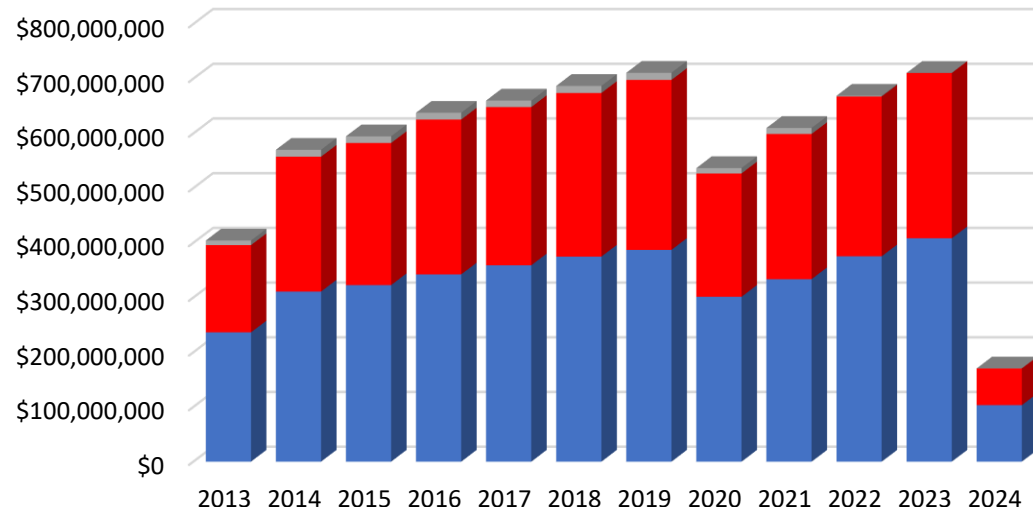
The distribution of funds by payer type for 2013-2023 is 55.3% for Escrow, 43.2% for Medicaid and 1.5% for Commercial. The total distribution of funds for January - March 2024 are now 60.7% for Escrow, 39.3% for Medicaid, and 0.0% for Commercial.

Distribution by Payer Type



■ Ins Paid ■ Medicaid Paid ■ Escrow Paid

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 2013-2023 is 55.3% for Escrow, 43.2% for Medicaid and 1.5% for Commercial. The total distribution of funds for January - March 2024 are now 60.7% for Escrow, 39.3% for Medicaid, and 0.0% 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	54.5%	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%
2023	57.5%	42.5%	0.0%	100.0%
2024	60.7%	39.3%	0.0%	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%
2023	\$408,290,225	\$302,165,490	\$62,459	\$710,518,174	\$715,623,310	99.29%
2024	\$103,385,815	\$67,035,572	\$11,098	\$170,432,484	\$172,202,551	98.97%
Total	\$3,855,127,411	\$3,000,073,821	\$105,406,023	\$6,960,607,255	\$6,988,169,670	99.61%



Medicaid Sweep Process

For the period from July 2013 through March 2024 there have been 2.9 million claims totaling \$186.3 million processed in Medicaid Sweeps. Medicaid has paid 68.7% totaling \$128.0 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	2024	42,016	\$ 1,419,289.18	\$ 599,461.98
Medicaid Recoup	2024	3,300	\$ 235,490.87	\$ 217,058.69
Total 2023 Code 35 and Medicaid Recoup Sweep		45,316	\$ 1,654,780.05	\$ 816,520.67
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	\$ 8,396,636.06
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	\$ 9,947,196.68
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		2,941,178	\$ 186,255,003.13	\$ 128,013,870.48

Note:

Code 35 initial sweep date 5/16/17

Medicaid Recoup initial sweep date 7/29/13



Medicaid Code 35 Assignment Statistics

July 2016 – Mar 2024 (93 months)

Source	Period	Successful	Unsuccessful	Total	Success %
PCG Assignment File	Jul. 2016 – pres.	500,332	172,573	672,905	74%
OHIP Data Exchange	Dec. 2016 - pres.	279,277	4,546	283,823	98%
Conflict Report Corrections	Apr. 2017 – pres.	50,387	861	51,248	98%

- Public Consulting Group (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, Early Intervention Providers had to use a completely manual process to have a Code 35 assigned correctly.

Extraordinary Circumstance

- 213 unique providers have entered an Extraordinary Circumstance (Case) since implementing the 90-day filing limit on February 10, 2019
- 432.8k claims totaling \$28.7m have been submitted 100+ days after the Dates of Service (DOS)
- 191.3k of the claims totaling \$12.7m had an active Case
- 241.5k of the claims totaling \$16.0m 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.

Type of Circumstance	# of Providers	# of Claims with active EC
Audit Findings	106	37,342
Death of essential personnel	6	515
Hospitalization	33	3,527
Litigation	19	8,295
Natural Disaster	23	4,713
Natural Disaster/State of Emergency	103	133,809
State Administrative Delay	28	3,082
Grand Total	318	191,283

Note: Data includes claims submitted through March 31, 2024

Extraordinary Circumstance



Prior to the timely filing implementation, the claims submitted over 100 days averaged 4.24% compared to 1.00% after implementation; for 2024 Date Of Service (DOS), the percentage is 0.11%.

Prior to 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	409,340	9,059,164	4.52%	37	210
2019 (Jan 1 - Feb 10)	15,878	964,533	1.65%	28	168
Total	425,218	10,023,697	4.24%	33	189

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)	60,448	8,362,889	0.72%	26	174
2020	102,734	7,323,868	1.40%	28	165
2021	117,625	8,199,587	1.43%	28	170
2022	92,186	8,864,969	1.04%	27	164
2023	69,340	9,404,747	0.74%	25	145
2024	2,476	2,338,738	0.11%	22	111
Total	444,809	44,494,798	1.00%	26	155

*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 March 31, 2024



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 March 2023 and March 2024, Medicaid billed amounts decreased 0.9% and Escrow billed amounts increased 0.9%.

October 2022 - March 2023 (6 Months)

Added Date	Commercial	Medicaid	Escrow
Oct-2022	0.0%	57.4%	42.6%
Nov-2022	0.0%	57.7%	42.3%
Dec-2022	0.0%	57.2%	42.8%
Jan-2023	0.0%	58.1%	41.9%
Feb-2023	0.0%	57.9%	42.1%
Mar-2023	0.0%	58.2%	41.8%

Average	0.0%	57.8%	42.2%
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October 2023 - March 2024 (6 Months)

Added Date	Commercial	Medicaid	Escrow
Oct-2023	0.0%	56.9%	43.1%
Nov-2023	0.0%	57.6%	42.4%
Dec-2023	0.0%	57.0%	43.0%
Jan-2024	0.0%	57.9%	42.1%
Feb-2024	0.0%	56.9%	43.1%
Mar-2024	0.0%	57.3%	42.7%

Average	0.0%	57.3%	42.7%
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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 April 2023 to March 2024, Medicaid decreased 0.6% and Escrow increased 0.6%.

April 2023 - March 2024 (1 year)

Added Date	Commercial	Medicaid	Escrow
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%
Jan-2024	0.0%	57.9%	42.1%
Feb-2024	0.0%	56.9%	43.1%
Mar-2024	0.0%	57.3%	42.7%





Medicaid Denials

Top 10 denials by billed amount for March 2024

- March's Medicaid Denials total \$11m, with an increase of \$388.6k from February's total of \$10.6m.
- The majority of denied claims for March 2024 were due to denial code 97, 200 and 22.

CARCode	CARDescription	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Total Billed	Total %
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.	\$7,123,325	\$7,932,228	\$6,039,152	\$7,988,876	\$6,437,096	\$6,723,109	\$42,243,786	66.5%
200	Expenses incurred during lapse in coverage	\$896,309	\$1,473,140	\$1,466,753	\$2,347,309	\$2,139,103	\$2,556,386	\$10,878,999	17.1%
22	This care may be covered by another payer per coordination of benefits.	\$725,186	\$933,415	\$702,063	\$958,199	\$811,458	\$1,040,095	\$5,170,416	8.1%
96	Non-covered charge(s).	\$642,932	\$435,087	\$523,931	\$397,631	\$742,764	\$241,697	\$2,984,042	4.7%
16	Claim/service lacks information which is needed for adjudication.	\$84,755	\$116,923	\$147,175	\$132,598	\$127,604	\$145,711	\$754,766	1.2%
29	The time limit for filing has expired.	\$72,597	\$122,618	\$79,016	\$78,334	\$124,415	\$103,907	\$580,886	0.9%
183	The referring provider is not eligible to refer the service billed.	\$31,016	\$44,275	\$30,235	\$44,546	\$47,601	\$48,473	\$246,147	0.4%
136	Failure to follow prior payer's coverage rules. (Use only with Group Code OA).	\$3,939	\$17,691	\$1,080	\$195	\$18,810	\$26,788	\$68,503	0.1%
6	The procedure/revenue code is inconsistent with the patient's age.	\$13,227	\$26,018	\$12,829	\$18,884	\$9,279	\$21,766	\$102,002	0.2%
9	The diagnosis is inconsistent with the patient's age.	\$25,588	\$35,639	\$22,494	\$35,227	\$17,843	\$20,299	\$157,090	0.2%
Top 10 denials		\$9,618,873	\$11,137,034	\$9,024,727	\$12,001,799	\$10,475,973	\$10,928,230	\$63,186,636	99.5%
Other denials		\$69,751	\$38,608	\$73,988	\$36,456	\$90,027	\$26,327	\$335,158	0.5%
Total denial amount		\$9,688,624	\$11,175,642	\$9,098,715	\$12,038,255	\$10,566,001	\$10,954,557	\$63,521,793	100.0%
Total Amount Billed to Medicaid		\$31,707,952	\$37,665,752	\$29,816,456	\$37,727,684	\$31,439,000	\$32,625,309	\$200,982,153	
Denial Rate		30.6%	29.7%	30.5%	31.9%	33.6%	33.6%	31.6%	

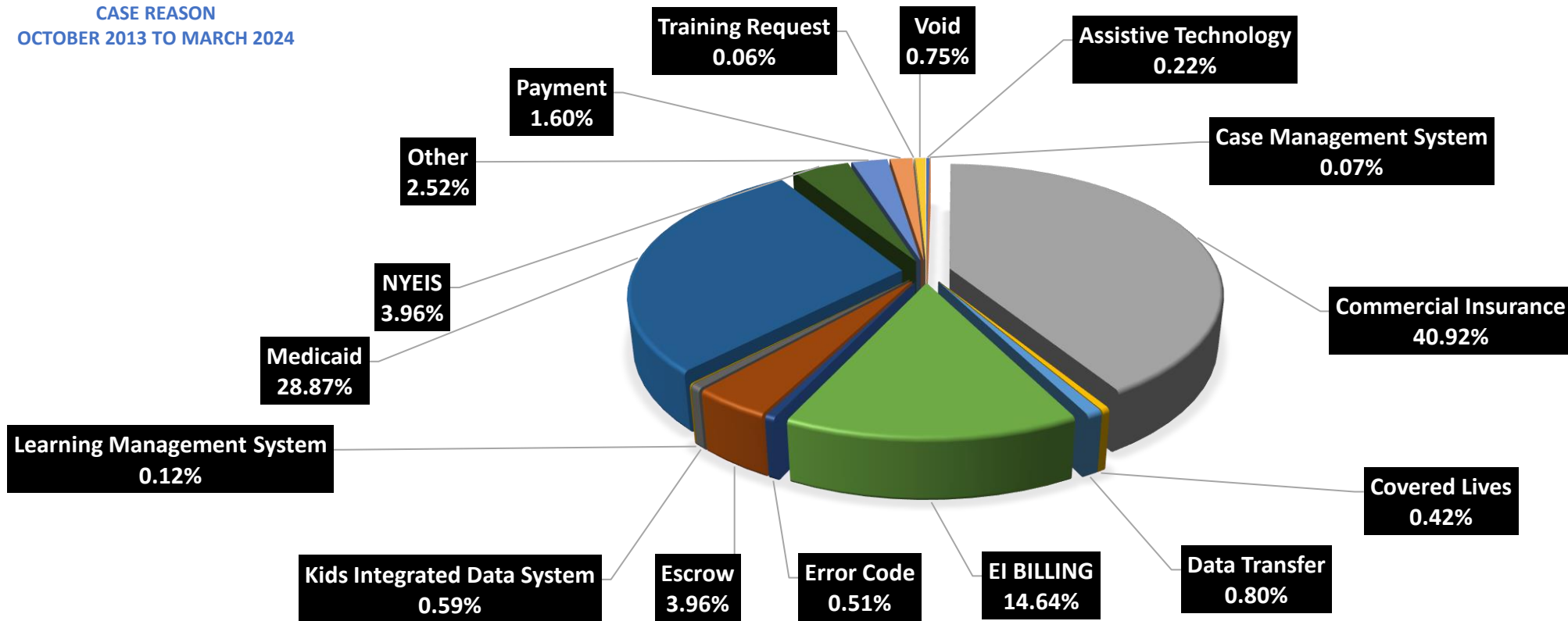


State Fiscal Agent Call Center Statistics

Operations Metrics: Call Center



CASE REASON
OCTOBER 2013 TO MARCH 2024





State Fiscal Agent Call Center Statistics

Case Reasons Jan 23 – Mar 24 by Quarter

Case Reason	Jan-Mar 23	Apr-Jun 23	Jul-Sep 23	Oct-Dec 23	Jan-Mar 24
Assistive Technology			0.15%		
Case Management System*				0.58%	1.66%
Commercial Insurance	12.42%	0.15%	6.67%	4.54%	4.31%
Covered Lives	3.61%	1.04%	1.04%	1.05%	0.33%
EI Billing	17.77%	25.48%	25.48%	19.09%	20.24%
EI Hub Portal*				1.28%	0.99%
Escrow	7.68%	58.37%	6.07%	6.75%	9.85%
General Inquiries				2.56%	1.11%
Learning Management System (LMS)				1.63%	
Medicaid	55.35%	2.07%	58.37%	56.46%	53.10%
New York Early Intervention System (NYEIS)	2.56%	0.15%	2.07%	3.84%	6.31%
Other				1.28%	0.33%
Payment	0.23%			0.58%	0.33%
Provider Enrollment Management					
Training					0.11%
Training Request					0.33%
Void	0.30%		0.15%	0.35%	0.44%

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

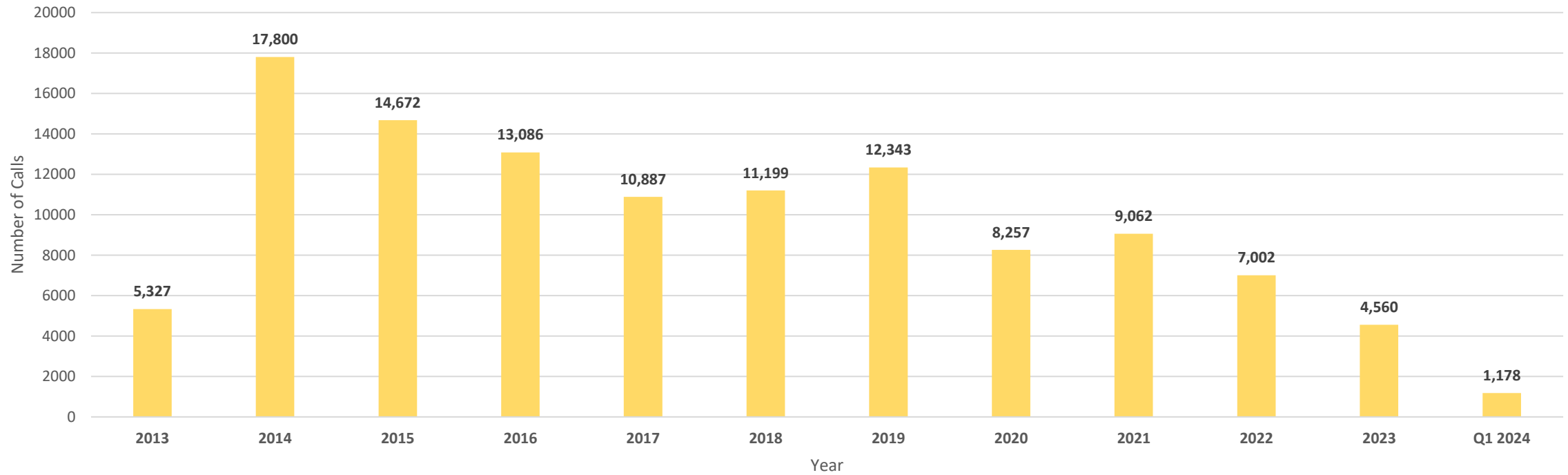


State Fiscal Agent Call Center Statistics

Operations Metrics: Call Center



Number of Calls

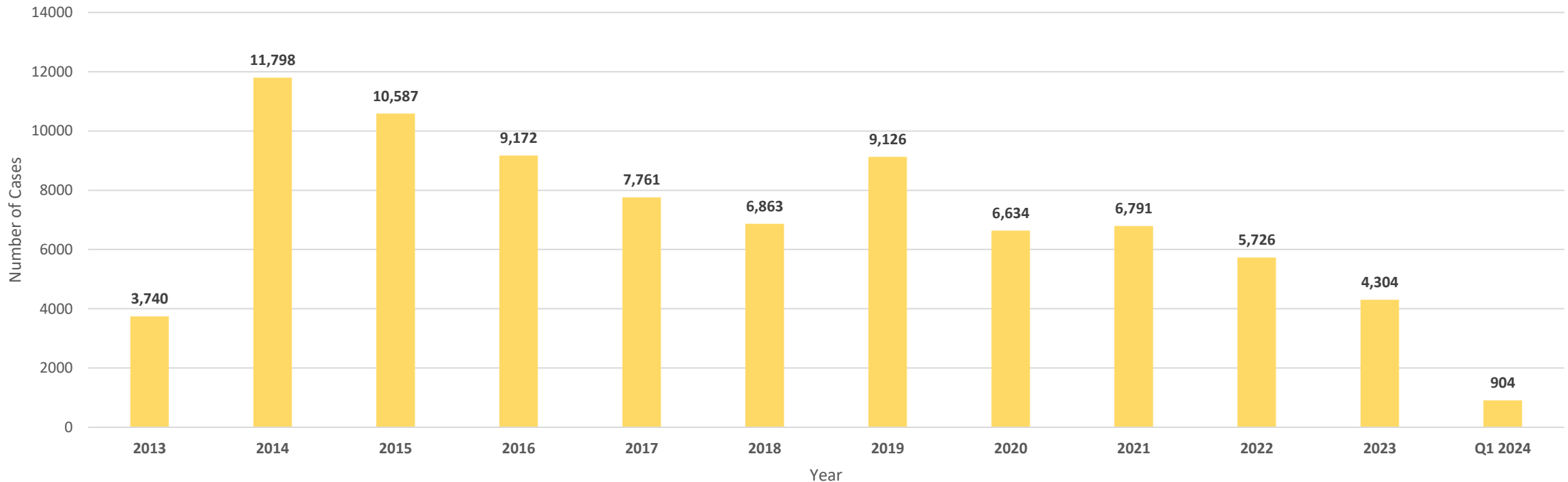


State Fiscal Agent Call Center Statistics

Operations Metrics: Call Center



Number of Cases



Question and Answer

Rob Lillpopp

Public Consulting Group

Paula Van Meter

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Solutions that Matter