



# **Accounts Receivable and Patient Liability Survey Summary Results**

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The Accounts Receivable and Patient Liability Survey was distributed to OPRA members via email on February 8, 2012 and responses were received through February 24, 2012. This report summarizes their responses and provides recommendations.

### **Individual Options and Level 1 Waivers**

The 17 respondents reporting detailed data on reasons for Individual Options (I/O) and Level 1 Waivers claims billed but not paid, reported total annual budgeted revenue for I/O and Level 1 Waivers of \$122,720,830. These respondents reported \$3,688,920 in claims 31 days or older that were billed but not paid, or 3% of their total I/O and Level 1 Waiver revenue. Reasons reported for these delays in claims payment are in Chart 1.

*Chart 1  
Waiver Claims Payment Delays Reasons*

DODD delay in processing vouchers	\$1,592,075	43.2%
Billing rejected due to claims adjustment issue at the state	\$1,404,244	38.1%
Billing rejected due to provider error	\$345,747	9.4%
Billing rejected due to county board error	\$191,266	5.2%
Other MITS error	\$104,836	2.8%
CPT issue	\$50,752	1.4%

The Accounting Aging Data for the claims represented in Chart 1 are in Chart 2.

*Chart 2  
Delayed Waiver Claims Aging Data*

31-60 days	\$2,866,545	77.7%
61-90 days	\$294,044	8%
91-120 days	\$142,319	3.9%
Over 120 days	\$386,016	10.5%

The 10 respondents reporting detailed data on reasons for I/O and Level 1 Waivers claims unable to be billed, reported total annual budgeted revenue for I/O and Level 1 Waivers of \$102,852,607. These respondents reported \$671,246 in claims 31 days or older that were unable to be billed, or less than 1% of their total I/O and Level 1 Waiver revenue. Reasons reported for these claims being unable to be billed are in Chart 2.

*Chart 3  
Waiver Claims Unable to be Billed*

No CPT or inaccurate CPT from county board	\$299,270	44.6%
Issues with the DRA - specify below	\$203,496	30.3%
Waiting for your staff to turn in service documentation	\$0	0%
Other	\$168,480	25.1%

The Accounting Aging Data for the claims represented in Chart 3 are in Chart 4.

*Chart 4*  
*Unable to be Billed Waiver Claims Aging Data*

31-60 days	\$342,152	51%
61-90 days	\$179,398	26.7%
91-120 days	\$79,877	11.9%
Over 120 days	\$69,818	10.4%

### **Intermediate Care Facilities**

The 7 respondents providing detailed data for ICF facilities reported total annual budgeted revenue for Intermediate Care Facility (ICF) of \$57,484,951. These respondents reported \$3,306,374 in claims that were 31 days or older and unable to be paid, which represented 5.75% of their total ICF revenue. Reasons reported for these delays in claims payment are in Chart 5.

*Chart 5*  
*ICF Claims Unable to be Paid - Reasons*

Other issues with MITS	\$1,409,757	42.6%
Eligibility Problems at the county level	\$1,213,282	36.7%
Eligibility Problems at the state level	\$274,068	8.3%
Other	\$409,268	12.4%

The Accounting Aging Data for the claims represented in Chart 5 are in Chart 6.

*Chart 6*  
*Unable to be Paid ICF Claims Aging Data*

31-60 days	\$1,007,453	30.5%
61-90 days	\$711,026	21.5%
91-120 days	\$228,810	6.9%
Over 120 days	\$1,359,085	41.1%

### **Patient Liability**

14 respondents reported having an average of 2.3% of the people they serve on an I/O or Level 1 Waiver with a patient liability. The lowest monthly patient liability amount was reported as \$2 and the highest contribution as \$539, for an average of \$270. The average total annual billing for patient liability per respondent was reported as \$9,120. The collection rate for patient liability was reported at 100% for all but one respondent, who reported a 97% collection rate.

## **Conclusions and Recommendations**

The survey results indicate significant issues with the ICF and waiver claims payment processes. These payment delays threaten the stability of services to individuals with developmental disabilities. It is imperative that these delays be corrected to avoid service interruptions.

The primary causes for these payment issues were reported as being problems with MITS and eligibility. The survey results indicate that issues with waiver claims payment are primarily at the state level. With growing financial pressures, claims payment delays create additional hardship on providers. Increasingly, providers are hard pressed to remain financially viable.

The Ohio Department of Developmental Disabilities (DODD) has worked cooperatively with OPRA to resolve claims payment issues on a system and on an individual provider basis. It is vital that this work continue. Furthermore, it is recommended that the state convene a work group including county job and family services, county boards and OPRA to identify and rectify systemic issues with claims payment processes, with a special focus on issues with MITS and eligibility.

\*If you have any questions about this survey, please contact Mark Davis, President of OPRA at [mdavis@opra.org](mailto:mdavis@opra.org) or 614-224-6772.

Note: The Accounts Receivable and Patient Liability Survey was distributed to OPRA members via email on February 8, 2012 and responses were received through February 24, 2012. 43 providers submitted survey responses. 10 respondents answered every question, which may be due to the fact that providers do not necessarily keep data to this level of detail. The survey results include data from respondents that provided the data summarized.

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