Holding Payers Accountable

Hospitals provide services, but it takes a long time to get paid. Denials* are often a delay tactic by insurers - not because there was a problem with the care provided & claimed by the hospital.

- Certain payer policies and administrative practices delay patient care, overburden clinicians, and withhold critical payments from providers.
- **Hospitals treat all patients, regardless of their ability to pay**, and work with public or private payers to seek reimbursement for the services they provide.

Long response times, lack of transparency on coverage criteria and documentation requirements lead to inefficiencies and harmful delays patients receiving the care they need.

Untimely Payment for Care Delivered

Data collected July 1, 2022 to June 30, 2023:

Commercial Plans

Medicaid Managed Care Plans

Medicare Advantage

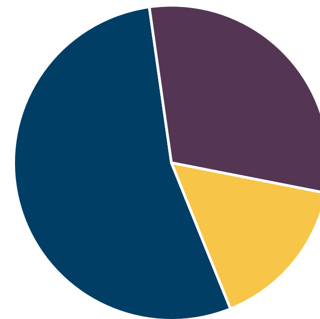
Claims paid within 30 days | Claims paid within 31-90 days | Claims unpaid after 90 days

11% of ALL Managed Care Plan claims were unpaid for one year or longer.

Amount Owed Over 90 Days

All Managed Care plan claims older than 90 days reflect an estimated

Amount owed $1.66 Billion



Commercial Plan Claims **$895.7M**

Medicare Advantage Claims **$504.3M**

Medicaid Managed Care Claims **$262.8M**

Top Reasons For Denial

Additional Documentation, Non-Clinical Issues, Prior Authorization

Statutorily Mandated Claims Payment Timeframes

Florida statutes (641.3155, 627)

20 Days

claims paid, denied or contested

35 Days

when providers must submit additional information if contested

90 Days

claims should be paid or denied

120 Days

any claims not paid or denied creates an uncontested obligation to pay

Where no payment is received. This does not include those claims where the health plan underpays what is owed.

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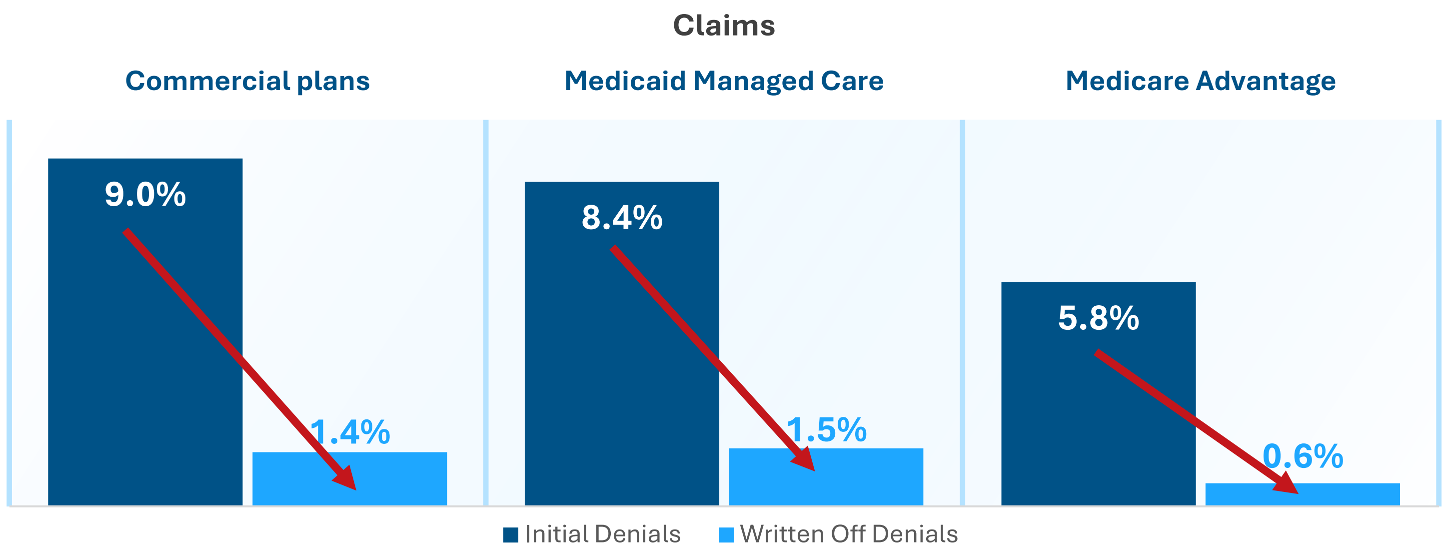
Holding Payers Accountable

Insurers frequently establish flawed or overly stringent medical necessity policies that prevent patients from obtaining needed care or result in denied coverage.

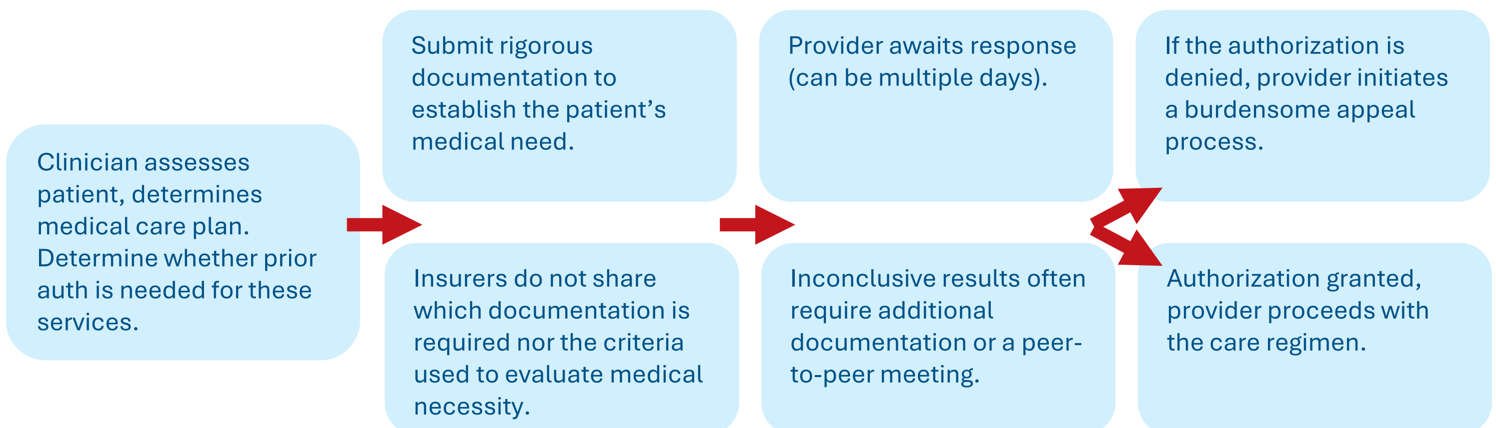
Many health plans apply prior authorization requirements in ways that create dangerous delays in care, contribute to clinician burnout, and significantly drive-up administrative costs for the health care system.

Percentage of Claims Initially Denied and Written Off

Hospitals spend significant time, effort and resources to appeal initially denied claims.



Patients and providers deserve to operate under clear guidelines when beginning a treatment plan. The prior authorization process is inefficient and leads to harmful delays in care due to excessive response times and inconsistent submission requirements across insurers. It generally requires the following steps:



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