

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 and claimed by the hospital.\*

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

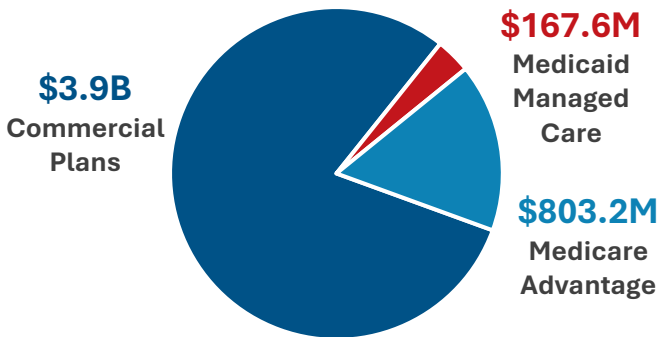
- Certain payor policies and administrative practices delay patient care, overburden clinicians, and withhold critical payments from providers.
- Hospitals treat all patients, regardless of their ability to pay, and work with public or private payors to seek reimbursement for the services they provide.

Amount owed **\$4.8 Billion**

Top Reason for Denial: Additional Documentation, Non-Clinical Issues, Prior Authorization

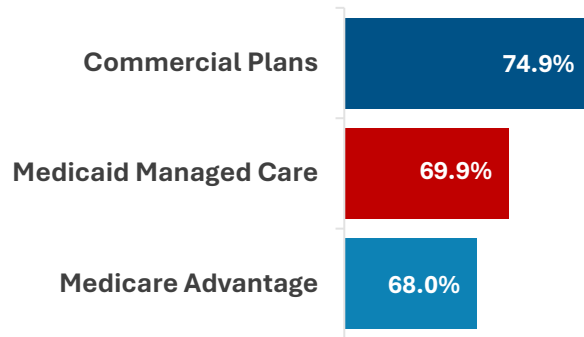
### Amount Owed Over 30 Days

All Managed Care plan claims older than 30 days



### Untimely Payment for Care Delivered

Percent of claims outstanding after 30 Days by payor



### 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

SOURCE: FHA Payor Scorecard Survey, 6<sup>th</sup> Round Data, July 1, 2024 – Jun 30, 2025; 18 organizations, 125 hospitals, representing 45% of Florida hospital beds

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



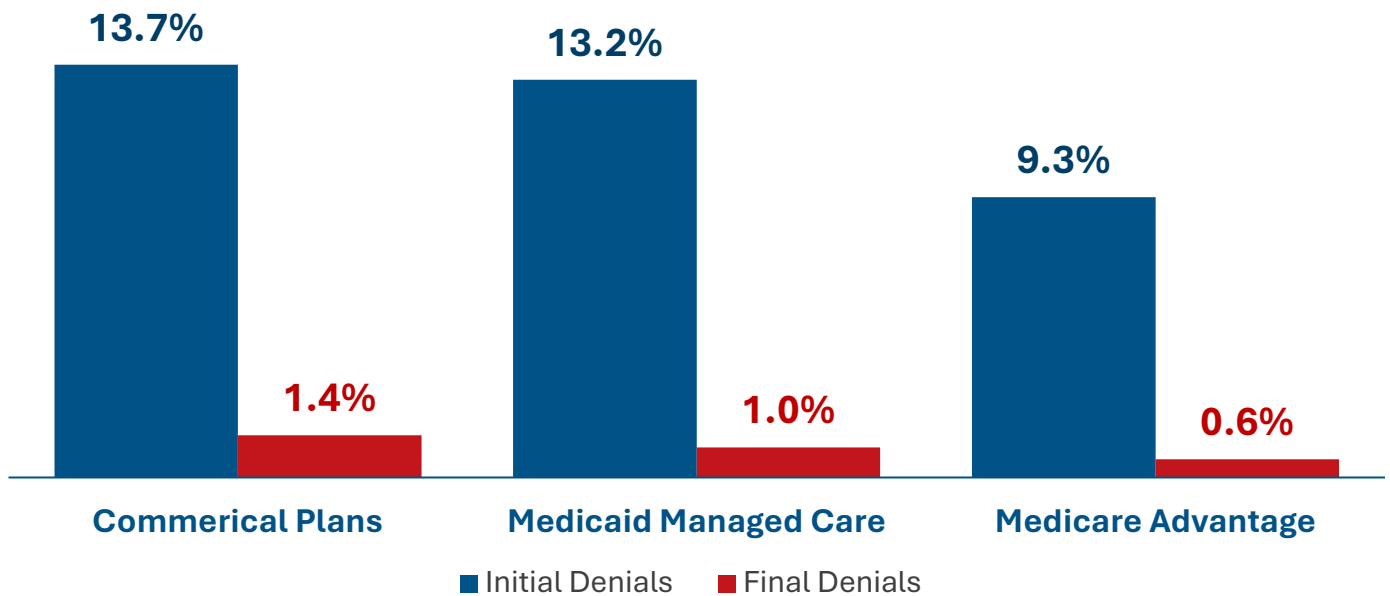
Insurers frequently establish flawed or overly stringent medical necessity policies that prevent patients from obtaining needed care or result in denied coverage.



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.

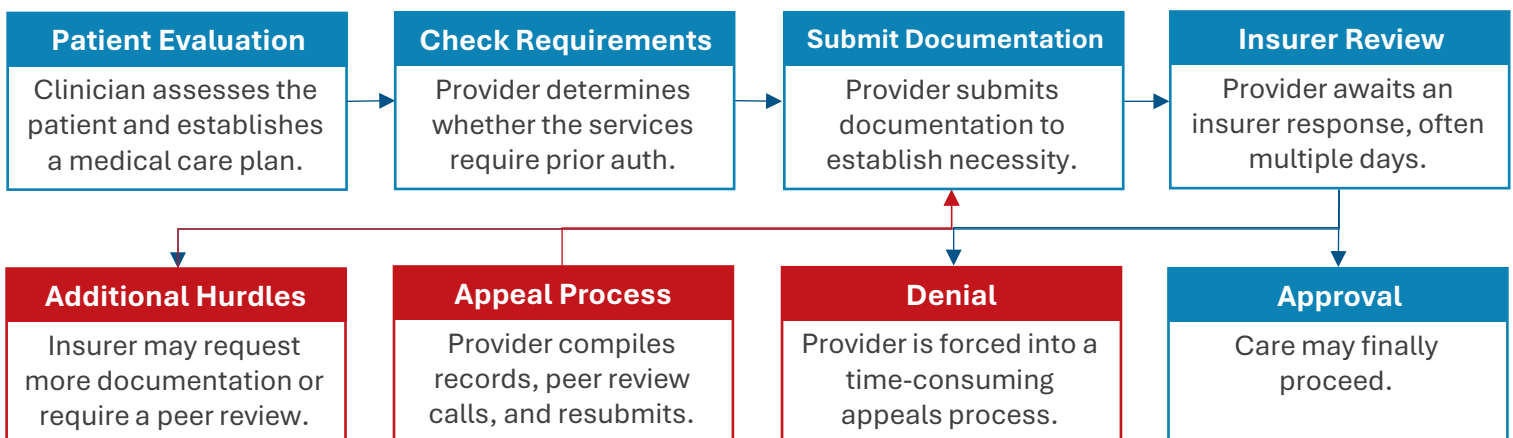
## Percentage of Claims Initially Denied and Written Off

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



## Prior Authorization Process

Patients and providers need clear guidelines, but prior authorization remains inefficient and often delays care due to slow responses and inconsistent insurer requirements. The process typically involves:



SOURCE: FHA Payor Scorecard Survey, 6<sup>th</sup> Round Data, July 1, 2024 – Jun 30, 2025; 18 organizations, 125 hospitals, representing 45% of Florida hospital beds