



July 18, 2018

IHA Request for Information – Medicaid FFS, State PPO AND Medicaid MCO Aging Accounts Receivable Balances as of June 30, 2018

Thank you to all of the hospitals that completed IHA's quarterly surveys on Medicaid, State of Illinois Preferred Provider Organization (PPO) and Medicaid Managed Care Organizations Aging Accounts Receivable Balances for the quarter ending March 31, 2018.

We are asking for your participation in completing the second quarter surveys for 2018 (April - June) to keep IHA aware of continuing payment cycle issues that will assist us in our advocacy efforts on your behalf. It is important that hospitals provide outstanding net liability (expected payments) and not charges.

With your help, by filling out the surveys, IHA will be able to monitor the Medicaid payment cycle, State of Illinois PPO and Medicaid MCOs aging accounts receivables. According to the results of our previous quarterly survey, for hospitals reporting accounts receivable outstanding for the quarter ending March 31, 2018, the average numbers of days that accounts were outstanding were: 156 days for Medicaid (FFS), 158 days for State of Illinois PPO and 207 days for Medicaid managed care. (The majority of hospitals report their accounts receivable based on discharge date.)

For this latest quarterly survey, we are requesting Medicaid (FFS) and State of Illinois PPO accounts receivable as of June 30, 2018. The survey is in an Excel file format with specific tabs for Medicaid and State of Illinois PPO. [Click here for the Excel survey.](#)

In addition, for this quarterly survey, we are requesting Medicaid Managed Care Organizations accounts receivable as of June 30, 2018. We are requesting that you provide this information on a plan specific basis. [Click here for the Excel Workbook.](#)

The workbook contains a summary tab (which will calculate aggregate data from the plan-specific data) and a tab which segregates each of the available Medicaid MCOs operating in Illinois. If you do not contract with or have no data to report for a plan simply leave that plan blank. If you are unable to report by plan, complete the summary file in aggregate.

Please complete the two files with your hospital's data by August 1, 2018.

If you have any questions, please contact [Jo Ann Spoor](#).

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