

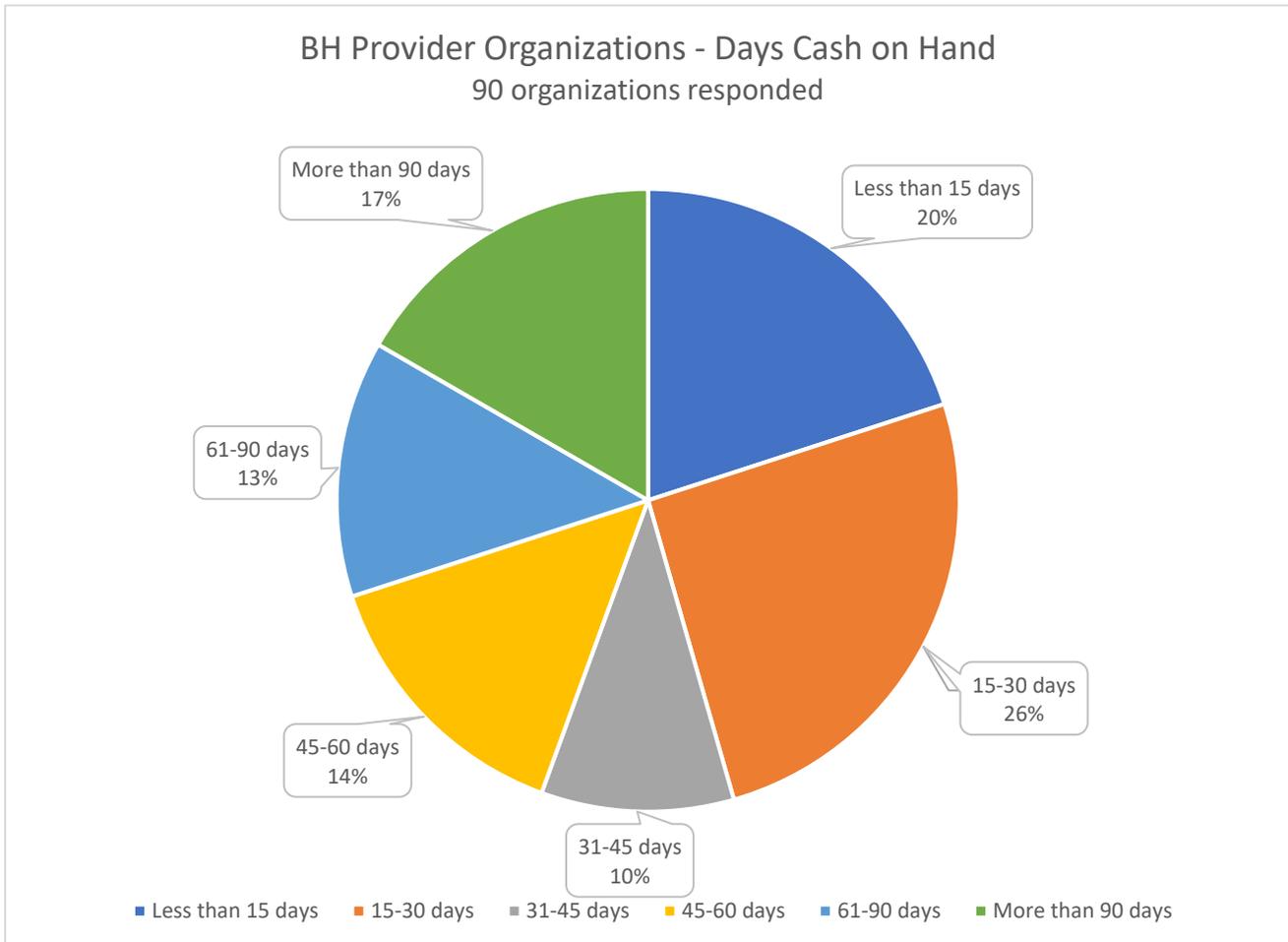


**Ohio Council BH Redesign Impact: Current Financial Indicators Survey**  
**February 12<sup>th</sup>, 2020**

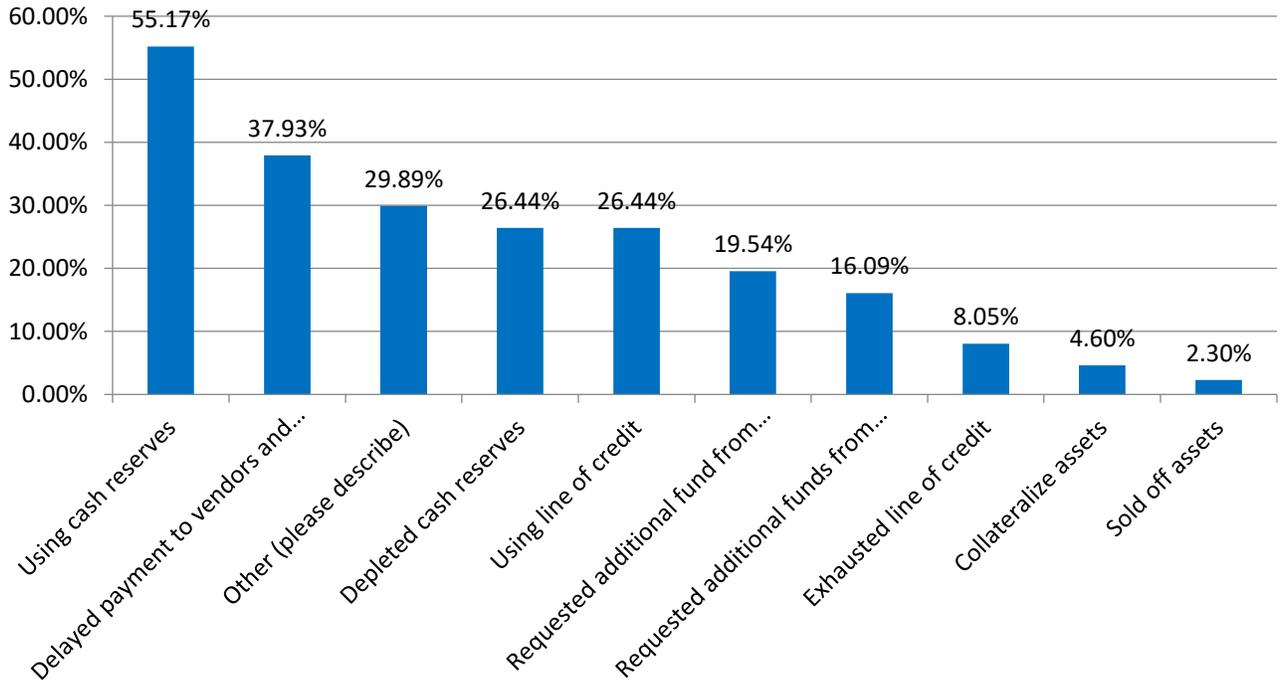
The Ohio Council conducted a brief survey that collected financial data from Ohio Council members between February 7<sup>th</sup>-12<sup>th</sup>, 2020. Participants were asked to submit data reflecting days cash on hand, cash management strategies utilized in the past 3 months, and the impact the Cash Advance repayment has had on their organization's cash position. Ninety-One Ohio Council members responded to the survey.

Based on the information provided by this sample of 91 provider organizations:

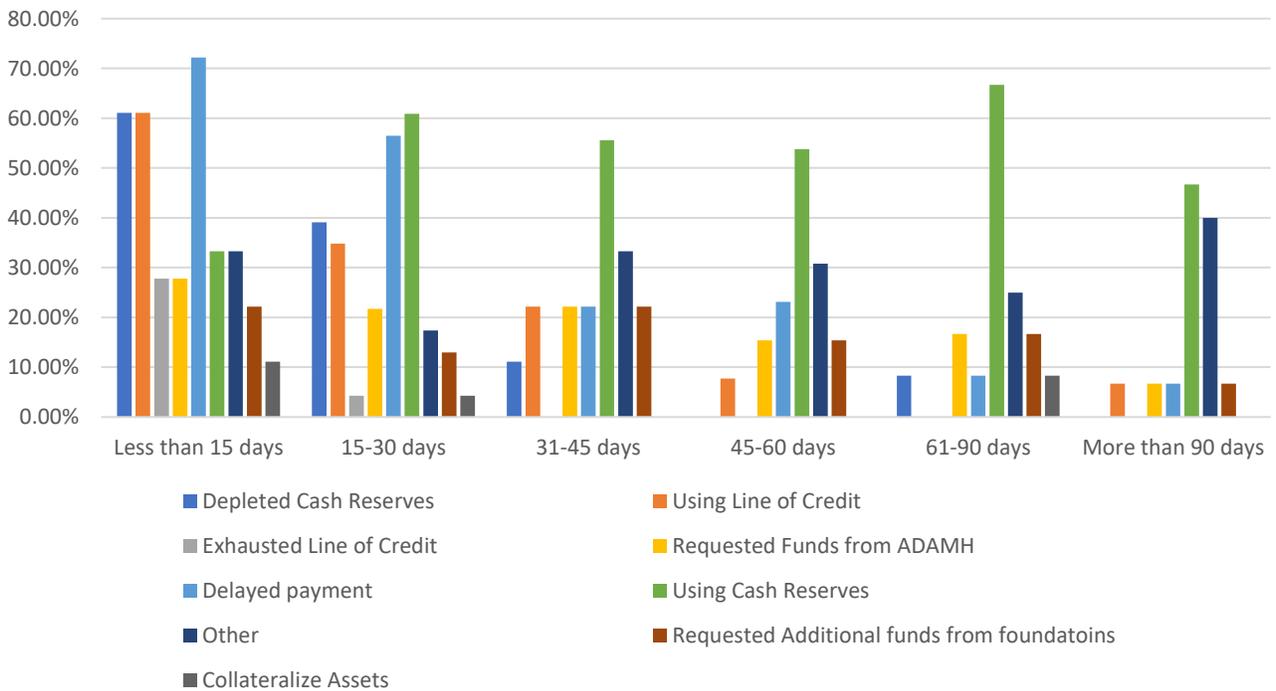
- 46% have less than 30 days cash on hand, this is an increase from April 2019 when 39% of organizations surveyed reported less than 30 days cash on hand. (see page 4 for comparable 2019 data)
- Organizations are implementing a variety of cash management strategies and have had to implement additional cash management strategies since last year.
- 55% of organizations are using cash reserves to meet basic operational costs.
- 64% of organizations that accepted a cash advance have had to implement additional cash management strategies due to the payback of the cash advance.

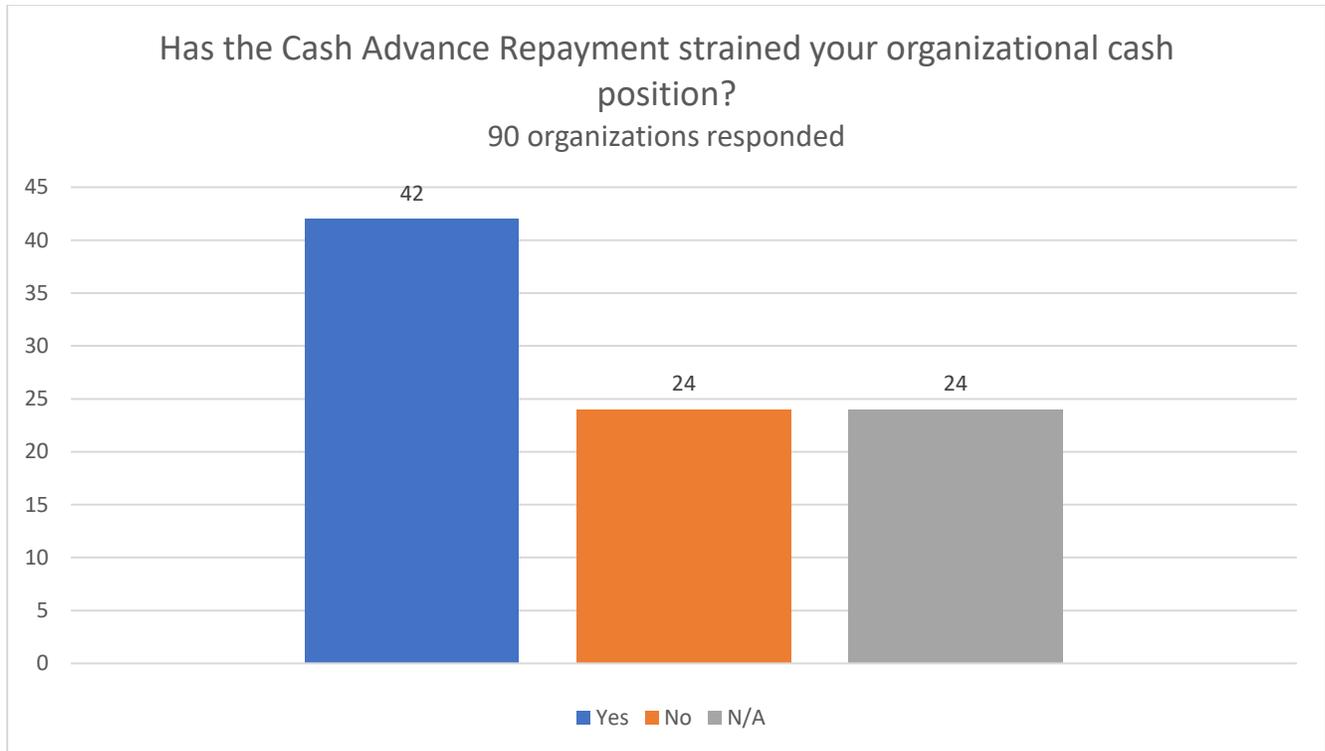


## Organizational cash management strategies used in the past 3 months 87 organizations responded



## Organizational Cash Management Strategies Sorted by Days Cash on Hand





**Provider Comments:**

- Prior to BH Redesign we were sitting with 80 days in cash and had no line of credit. We currently sit with about 20 days in cash have utilized \$130,000 in our line of credit.
- Being paid for the old claims that didn't get properly processed would be great! We still have a sizeable balance from July-September 2018 that didn't get resolved before timely filing hit.
- No consistency between how the MCPs are handling claims and appeals. The additional administrative burden to get paid is large.
- When we were billing MITS, we would send a file and then get a payment for that file. Rejected or denied items were easy to identify. Now, with the MCOs, there is no rhyme nor reason to how they are paid and we constantly have to go back and investigate unpaid claims. This requires double the administrative staff. And there are still claims we just can't get paid for, even though we should, because each MCO has made up their own rules.
- We just started paying back our cash advances and at the same time, still have a lot of receivables outstanding. It worries us that we may not collect our receivables and have to write off a bunch of claims because they are too old to collect. We are worried that we will not be able to payback all of our cash advances.
- The biggest impact to our cash flow over the last few months is the MCO's recouping large amounts of money with no warning or explanation for the recoup. Every time it has happened so far the recoups have been an error on their end anyway and should never have happened.
- While our cash position is good, the amount of outstanding Medicaid claims has not been resolved. We have to constantly monitor the payments and denials, and follow up with all the plans, which is overwhelming. We still have claims from 2018 "under project" or being reprocessed, but we do not see the resolutions. I am sure we lost/are losing legitimate claims due to the time commitment to monitor numerous claims for many months.

**OHIO COUNCIL OF BEHAVIORAL HEALTH & FAMILY SERVICES PROVIDERS**

**BH Redesign Provider Impact Survey Results – April 2019**

