AMS Solutions
A SUPERIOR MEDICAL BILLING SERVICE

A/R HEALTH
GUIDE

How Much Medical A/R Over 90 Days Is Too Much?

A practical guide to understanding your medical practice's aging A/R

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You pulled your accounts receivable aging report. There is money in the 0-30 day bucket. More in 31-60. Some in 61-90. Then you reach **91-120 days** and **over 120 days** - and the obvious question appears:

The question	**How much A/R over 90 days is too much?** For most practices, lower is better. Across AMS Solutions' active client base, less than 10% of total A/R is over 90 days. AMS's 2026 benchmark report cites an industry reference of approximately 13.5%.

AMS 2026 CLIENT BENCHMARK	
A/R over 90 days	Industry reference cited by AMS
<10%	**~13.5%**
Days in A/R	HFMA MAP Key
30-40	**Standard KPI**

0-30 DAYS	31-60 DAYS	61-90 DAYS	91-120 DAYS	120+ DAYS
Current	Watch	Monitor	Act	Escalate

Those numbers are useful context, but a percentage alone does not tell you whether your revenue cycle is healthy. You also need to know **what is sitting in that A/R, why it is still unpaid, whether someone is actively working it, whether the trend is improving, and whether the money is still collectible.**

This guide walks through how to calculate the number, what it can tell you, and where to look when it starts moving in the wrong direction.

WHAT A/R OVER 90 DAYS ACTUALLY MEANS

START HERE

Accounts receivable, usually shortened to **A/R**, represents money still owed to the practice for services already provided. A typical aging report separates balances into buckets such as 0-30, 31-60, 61-90, 91-120 and over 120 days.

HFMA's MAP Keys define aged billed A/R using these same categories and, for ambulatory and physician organizations, age receivables from the **date of service**. The metric is intended as a trending indicator of receivable aging, collectability and revenue-cycle effectiveness.

The purpose of aging	A large A/R balance is not automatically bad. Medical practices will always have outstanding receivables because payment follows care. What matters is **how much of the money is becoming old.**

How to Calculate Your A/R Over 90 Days

For a simple management-level calculation, add the balances in the **91-120** and **over 120** buckets. Divide that amount by **total billed A/R**, then multiply by 100.

Total billed A/R	$500,000
91-120 day A/R	$35,000
Over 120 day A/R	$40,000
Total over 90 days	$75,000
A/R over 90 days	**15%**

Is 10% the Magic Number?

No. There is no single percentage that determines whether every medical practice in every specialty has a healthy revenue cycle. Specialty, payer mix, patient responsibility, claim complexity and specialized billing arrangements can all change what normal looks like.

UNDER 10%	Generally a strong position, assuming balances are accurate and actively managed.
10-15%	Worth watching closely. Look at trend, payer concentration and what is driving the aging.
15-20%	Meaningful aged A/R is accumulating. Leadership should understand exactly why.
OVER 20%	A deeper review is warranted. Problems may involve denials, follow-up, credentialing, patient A/R or claim submission.

THE TREND MATTERS MORE THAN THE SNAPSHOT

DIAGNOSE

Consider two practices. Practice A has 12% of A/R over 90 days, down from 19% six months ago. Practice B has 9%, up from 5%. Practice B still has the lower number, but its trend is more concerning.

Ask for the trend	What was our A/R over 90 days last month? Three months ago? Six months ago? What is causing the movement? A healthy revenue cycle should produce explanations, not just numbers.

Not All Old A/R Is the Same

A dollar sitting over 90 days can represent completely different situations. It might be a claim under appeal, a payer requesting medical records, a credentialing problem, a patient balance, an authorization denial, an underpayment, a posting issue, or a claim nobody meaningfully followed up on.

Those accounts do not carry the same risk. That is why asking **"How much A/R do we have over 90 days?"** is only the beginning. The next question is **"What is in it?"**

Break the A/R Down by Payer

Your total aging percentage may hide a payer-specific problem. If $55,000 of a $90,000 aged balance is concentrated with one commercial payer, you have a much more useful problem to investigate. HFMA specifically includes aged A/R by payer group among its MAP Keys because payer-level aging helps identify collectability and performance by payer.

Look at Dollars, Not Only Percentages

Ten percent of $100,000 is $10,000. Ten percent of $2 million is $200,000. Same percentage, very different exposure. Leadership should review both the percentage aging and the actual dollars aging. Large-dollar accounts deserve individual attention even when the overall percentage looks acceptable.

WHY MEDICAL A/R GETS OLD

PART 1

Old A/R usually develops for a reason. Understanding that reason is much more useful than simply telling the billing team to "work the A/R harder."

1. Claims Were Submitted Late

Every day before claim submission gets added to the collection cycle. Unclosed encounters, missing charges, coding backlogs, documentation delays and held claims can create aging before the payer ever sees the claim.

2. Claims Are Getting Rejected

A rejected claim generally has not successfully entered payer adjudication. Clearinghouse edits, demographics, insurance data, payer configuration or provider information can cause claims to age quietly while everyone assumes they were billed.

3. Denials Are Not Being Resolved

Authorization, eligibility, coding, medical-necessity, credentialing, timely-filing and coordination-of-benefits denials can all push balances into older buckets. Every practice will have denials. The question is whether they are being resolved fast enough to keep them from becoming old A/R.

4. The Same Denial Keeps Happening

Successfully overturning the same preventable denial every month is activity, not improvement. Strong A/R management asks why the denial keeps happening and closes the feedback loop with the practice so fewer claims enter the cycle broken.

Recovery + prevention	Working aged claims matters. Preventing today's claims from becoming tomorrow's aged A/R matters just as much.

WHY MEDICAL A/R GETS OLD

PART 2

5. Credentialing or Enrollment Is Holding Claims

A provider enrollment issue can create a large balance quickly. Missing reassignment, an unenrolled location, incorrect payer linkage or a provider seeing patients before enrollment is complete can leave otherwise clean claims unpaid for months.

6. Nobody Is Meaningfully Following Up

Sometimes the claim was submitted, the payer did not pay, and nobody meaningfully followed up. Effective follow-up may require a payer call, records, an appeal, corrected information, escalation, authorization review or enrollment research. Clicking "check claim status" every few weeks is not a strategy.

7. Payments Are Not Being Posted Correctly

Sometimes the aging report says money is outstanding when the money has already arrived. Unposted ERAs, delayed paper EOBs, unapplied payments, incorrect secondary balances and missing adjustments can all make A/R look older than it really is.

8. Patient Balances Are Aging

Insurance A/R and patient A/R behave differently. Statement frequency, patient payment options, payment plans, returned mail and incorrect insurance-to-patient transfers can all increase aged patient responsibility. Leadership should know how much old A/R belongs to insurance versus patients.

9. The Balance May No Longer Be Collectible

Missed filing or appeal deadlines, missing authorization, inadequate documentation, contract limitations and true patient bad debt can eventually make balances difficult or impossible to recover. Accurate revenue-cycle management includes deciding when a balance is collectible and when it is not - and understanding why.

THE "WE'RE WORKING IT" TEST

ACCOUNTABILITY

Ask your billing company about your A/R over 90 days. If the answer is **"We're working it,"** ask another question.

What are the five largest balances?	Large-dollar exposure should be visible and actively owned.
Which payers account for the most aged A/R?	Concentration can reveal payer-specific problems.
What are the biggest causes?	Diagnosis is more useful than generic follow-up.
What action was taken?	You want progress, not repetitive notes.
What happens next?	Every meaningful balance should have a next step.

Look at Touches, But Do Not Worship Them

A claim can have four "touches" that all say the same thing: portal checked, still pending. Activity is not the same as progress. A meaningful A/R workflow asks whether the last action moved the claim closer to payment. If it did not, the next action probably needs to be different.

Pay Attention to the Over-120-Day Bucket

The older a receivable becomes, the greater the risk that deadlines expire, documentation becomes harder to retrieve, patient balances become harder to collect and the likelihood of write-off increases. Do not let the >120 bucket become the place where difficult claims go to die.

A/R Should Have Ownership

Every meaningful balance should ultimately have an owner. Someone should know what happened, what was done, what happens next and when the account will be followed up again. The most dangerous A/R is often not the oldest balance. It is the balance nobody owns.

WHAT YOUR MONTHLY A/R REVIEW SHOULD INCLUDE

LEADERSHIP

Total A/R	How much money is outstanding?
Days in A/R	How quickly are receivables converting into cash?
A/R over 90 days	What percentage of billed receivables has aged beyond 90 days?
A/R over 120 days	How much money is in the highest-risk bucket?
A/R by payer	Which insurers are creating the aging?
Patient vs. insurance A/R	Who actually owes the money?
Top aged balances	Which individual accounts create the greatest exposure?
Denial trends	What issues are feeding future aged A/R?
A/R trend	Are these metrics improving or worsening?

The Five-Question A/R Test

1. **What percentage of our A/R is over 90 days?**
2. **What percentage is over 120 days?**
3. **Which five payers account for the most aged A/R?**
4. **What are the three biggest reasons those balances remain unpaid?**
5. **What are we doing to reduce the number next month?**

Reports vs. strategy A report tells you what happened. A revenue-cycle strategy tells you what happens next.

RUN YOUR OWN 15-MINUTE A/R HEALTH CHECK

WORKSHEET

TOTAL BILLED A/R	$_____
0-30 DAYS	$_____
31-60 DAYS	$_____
61-90 DAYS	$_____
91-120 DAYS	$_____
OVER 120 DAYS	$_____
TOTAL OVER 90 DAYS	$_____
PERCENTAGE OVER 90 DAYS	_____ %

Now Ask What Is Inside It

Top five payers by aged A/R

1. _____ 2. _____ 3. _____

4. _____ 5. _____

Three biggest causes of aged A/R

1. _____ 2. _____ 3. _____

Three actions we need to take

1. _____ 2. _____ 3. _____

Red flags to investigate

A/R over 90 or 120 days is steadily increasing; nobody can identify payer concentrations; the same denials recur; large balances have lots of notes but little movement; payments are sitting unapplied; or leadership repeatedly discovers old claims nobody appears to own.

WHAT SHOULD HAPPEN NEXT?

ACTION PLAN

If your A/R over 90 days is higher than expected, do not start by demanding that everyone "work harder." Diagnose first. Determine whether the aging comes from claim submission, rejections, denials, payer processing, credentialing, payment posting, patient balances, follow-up, internal workflows or genuinely uncollectible balances.

Diagnose before you prescribe	The aging report tells you **where** money is sitting. The accounts underneath it tell you **why**.

Old A/R Is a Lagging Indicator

Today's 120-day A/R was not created today. The underlying problem probably happened months ago. Maybe the claim went out incorrectly. Maybe authorization was missing. Maybe the provider was not enrolled. Maybe a denial sat untouched. By the time the balance reaches the oldest bucket, you are looking backward at the consequences of earlier revenue-cycle performance.

	PREVENTION
Work the money that is already old.	Stop today's claims from becoming tomorrow's old A/R.

Your A/R Should Not Be a Mystery

Having receivables over 90 days does not automatically mean your billing operation is failing. Every practice will have some aging. What matters is whether the practice understands **how much is aging, why it is aging, who owns it, whether it is collectible, what is being done about it, and whether the trend is improving.**

If you cannot answer those questions, the most important problem may not be the percentage. It may be the lack of visibility.

WANT TO KNOW WHAT IS ACTUALLY SITTING IN YOUR A/R?

NEXT STEP

AMS Solutions can review your current aging, recent collections and billing performance to identify where receivables are accumulating and which areas deserve a closer look.

Sometimes the number tells you there is a problem.

The accounts underneath it tell you **what the problem actually is.**

Request a no-obligation A/R analysis from AMS Solutions.

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Sources & Methodology

AMS Solutions. *2026 Medical Billing Benchmark Report.* AMS reports A/R over 90 days below 10% across its active client book and cites an approximately 13.5% MGMA industry reference.
Healthcare Financial Management Association. *HFMA MAP Keys.* AR-1 defines aged A/R as a percentage of total billed A/R using 0-30, 31-60, 61-90, 91-120 and >120 day buckets; AR-2 applies the same approach by payer group. For ambulatory and physician organizations, aging is measured from date of service.
The operational ranges in this guide are practical review thresholds, not universal industry standards. Specialty, payer mix, patient population, claim complexity, contracts and practice operations can materially affect A/R performance.

ams-solutions.com/medical-billing-benchmark-report-2026/
hfma.org/data-and-insights/map-initiative/map-keys/

AMS SOLUTIONS

Ready to talk it through?

Every practice's numbers are different. Tell us what you are seeing in your billing and A/R, and our team will walk through where revenue is getting stuck and what it would take to fix it.

Free and no obligation. Complete a short form and a member of our team will follow up.

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Click the button above to open the request form.

Prefer to call? 866-973-2221 · info@ams-solutions.com