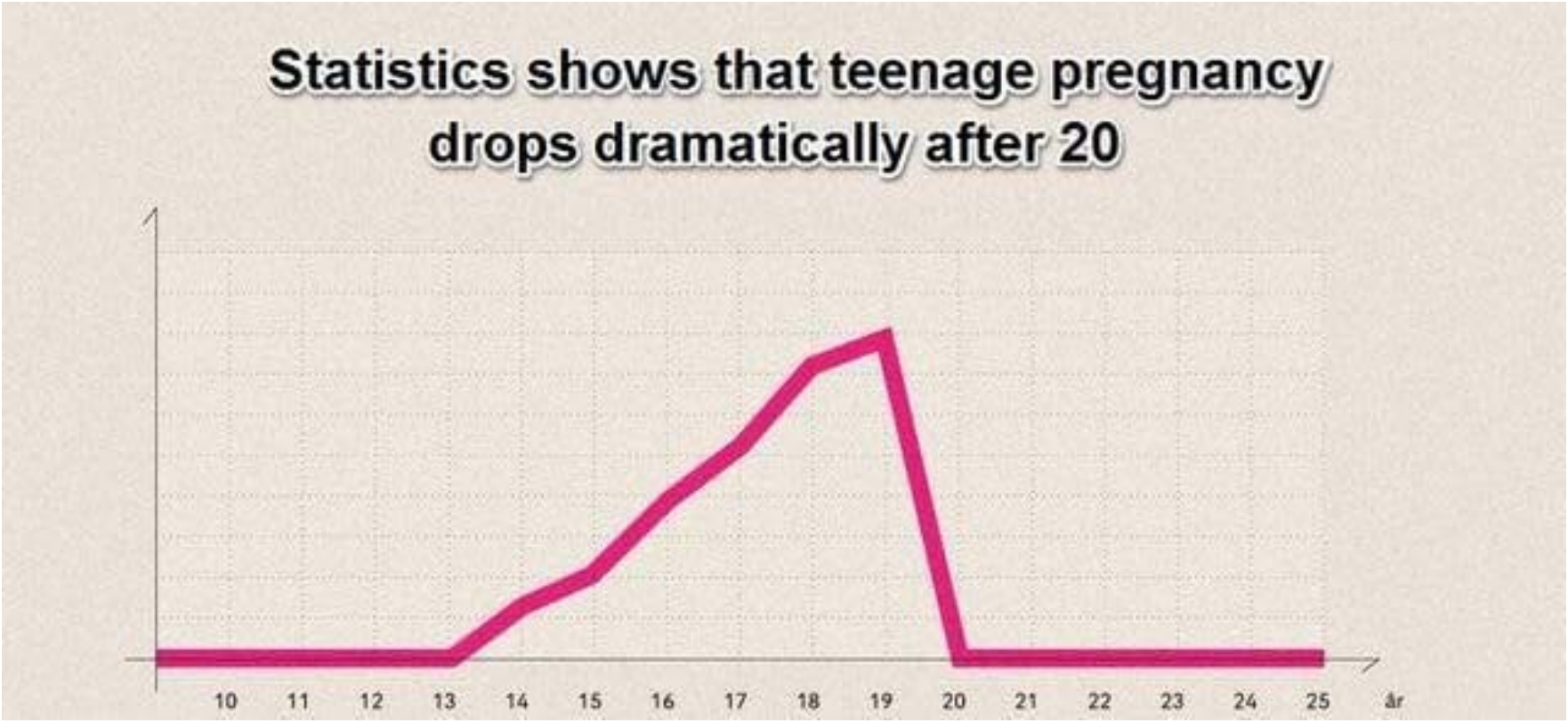
HYVE HEALTH

Vitality Payer Scorecard

There is Power in Numbers

Louisiana HFMA Conference 2025

Statistics can be misleading by Don McMillan



Nerd vs Geek by Don McMillan

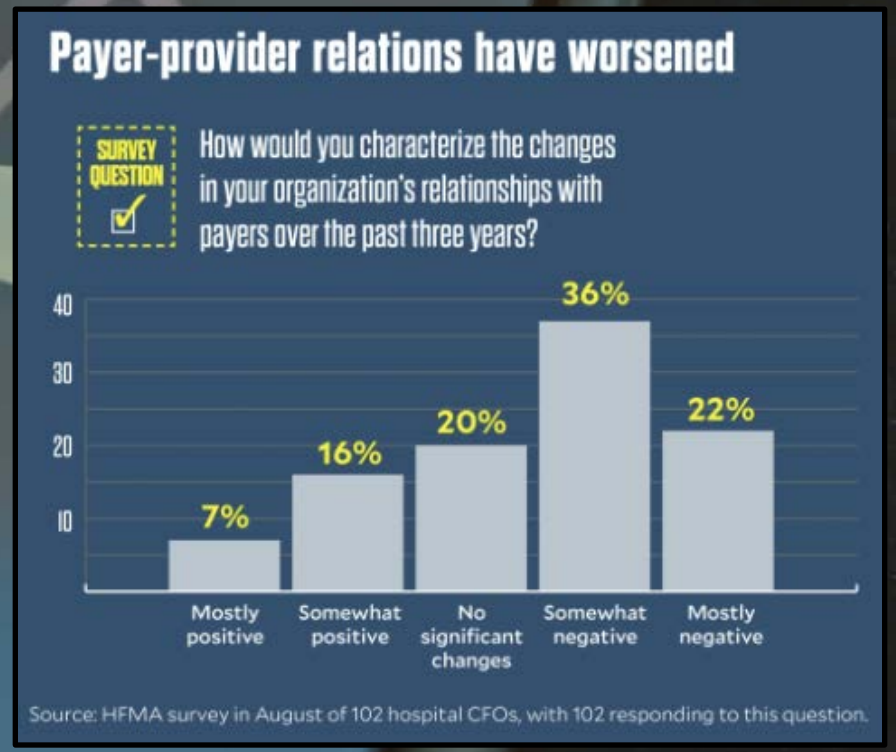
Payer behavior is at an all time low and providers are demanding for accountability.

Financial Management

'There's something wrong with the system': CommonSpirit CFO

Alan Condon - Tuesday, January 21st, 2025

Mr. Morissette said healthcare has "never been more challenging" for health systems. While CommonSpirit does not issue forward-looking statements and continues to battle payers across multiple markets, he expects FY 2025 "to be better than" FY 2024.



Challenges in rural health

Need a collective voice

Rural hospitals need a platform to unite and speak as one against the payers. Feel helpless.

No bandwidth to find problems

Resources are limited and play multiple roles. Need an easy way of identifying problems.

Need technology to help

Rural hospitals often don't have access to latest technology.

Medicare Dis-Advantage

There is nothing advantageous of MA for Rural. Already struggling.

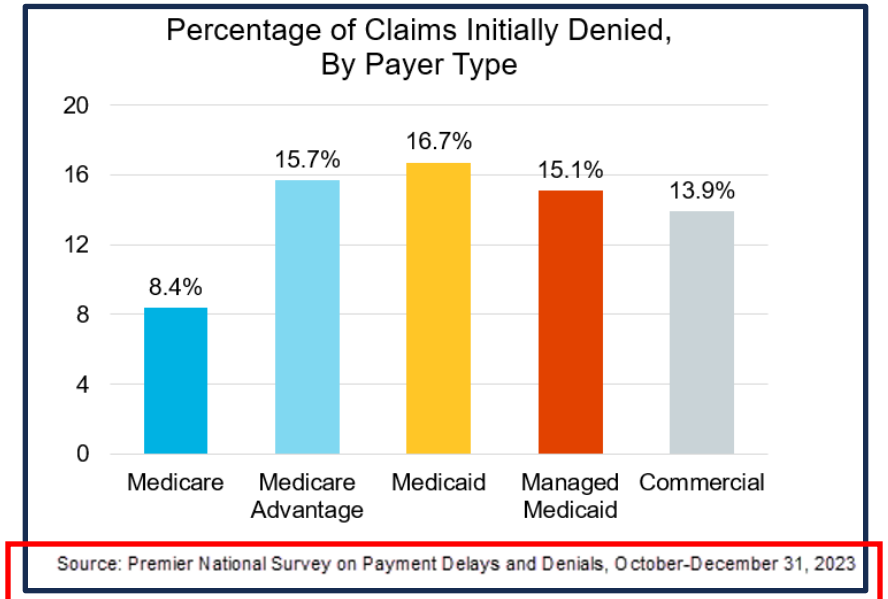
HYVE HEALTH

What is the bar in the industry?

March 21, 2024

Trend Alert: Private Payers Retain Profits by Refusing or Delaying Legitimate Medical Claims

https://premierinc.com/newsroom/blog/trend-alert-private-payers-retain-profits-by-refusing-or-delaying-legitimate-medical-claims



Methodology

Premier conducted a voluntary, national survey of member hospitals and health systems from October 10-December 31, 2023. Respondents represented 516 hospitals across 36 states, accounting for 52,123 acute care beds. Respondents were asked to consider all claims from January 1, 2022 to December 31, 2022. Findings are presented as averages, weighted by acute bed capacity of the respondent. Respondents ranged from a small 12-bed critical access hospital to large, multi-state health systems. A copy of the survey questions can be found here.

1. During the period from January 1, 2022 to December 31, 2022, what volume of your organization's claims were subject to pre-service approvals (e.g., prior authorization) by health plans? Please enter a percentage (0-100) in the text boxes for each insurance type.

Insurance Product	% of Claims Requiring Prior Auth
Medicare	
Managed Medicare	
Medicaid	
Managed Medicaid	
Managed Care and Other Commercial	
Marketplace Exchanges	

2. During the period from January 1, 2022 to December 31, 2022, what percentage of initial claims submitted to payers were denied? Please enter a percentage (0-100) in the text boxes for each insurance type.

Insurance Product	Initial Claim Denial %
Medicare	
Managed Medicare	
Medicaid	
Managed Medicaid	
Managed Care and Other Commercial	
Marketplace Exchanges	

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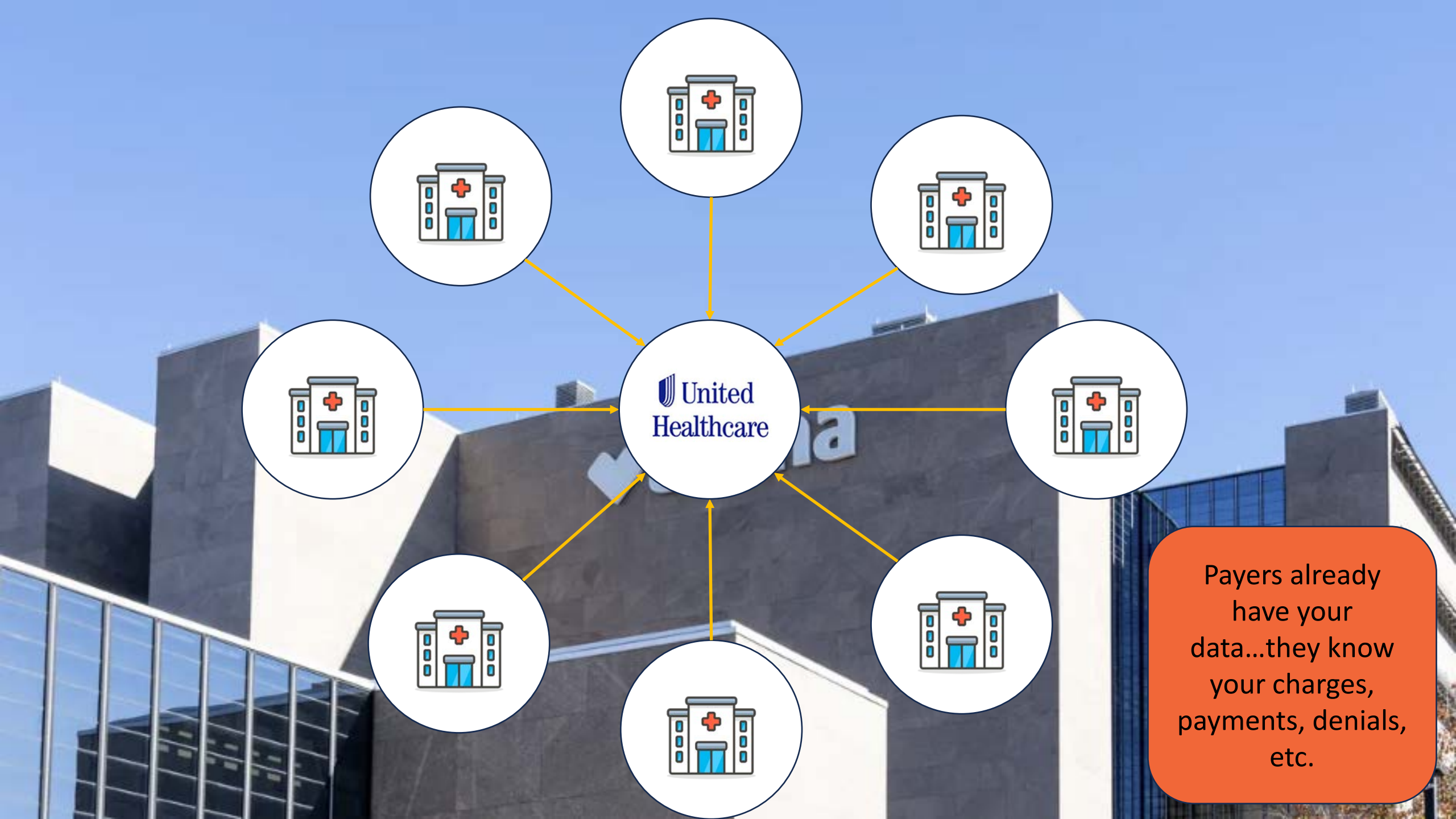
Payers' Perspective


United Healthcare
Payers already have your data…they know your charges, payments, denials, etc.

"You let one ant stand up and they all might stand up.

Those puny ants outnumbers us a hundred to one.

And if they figure that out, there goes our way of life.

It is not about food; it's about keeping those ants in line."

-Hopper

HYVE HEALTH

Providers' Perspective

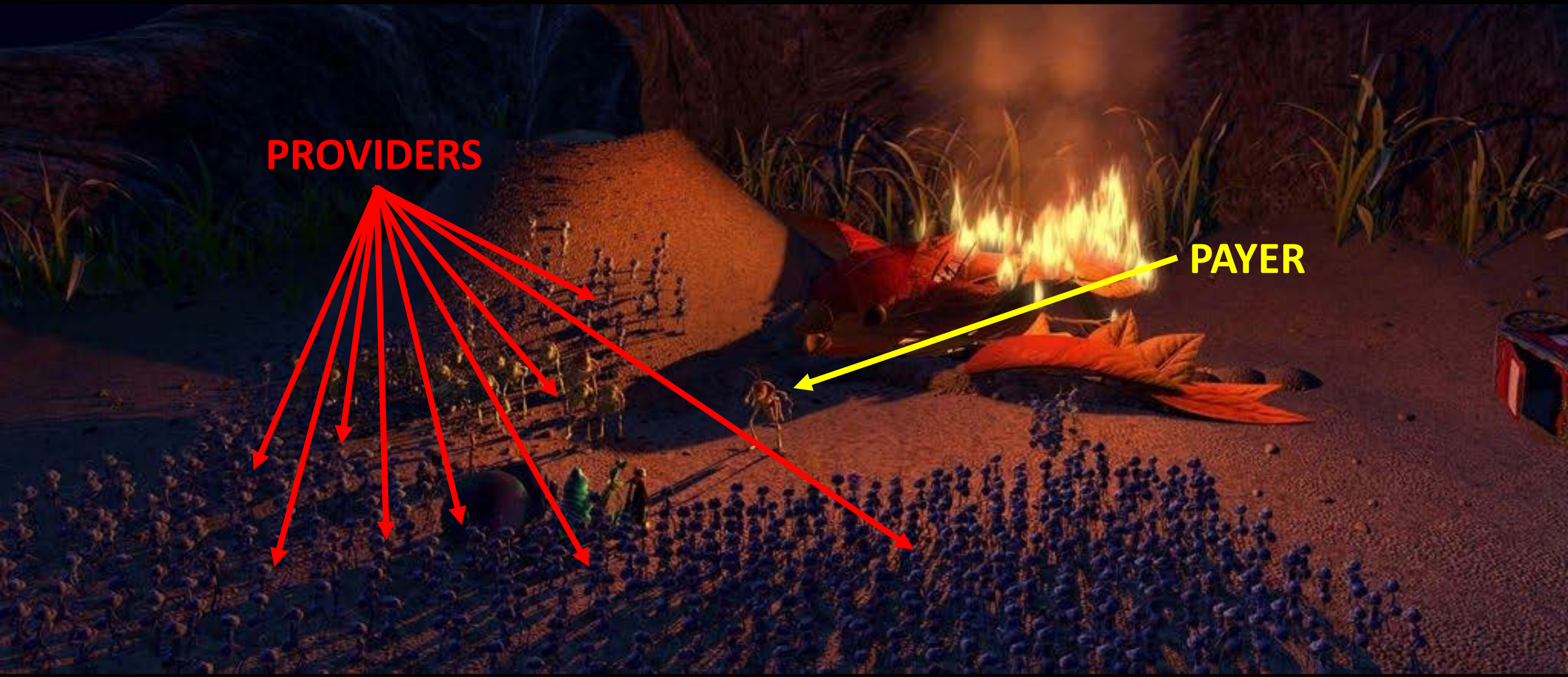

aetna
United Healthcare
Humana
Cigna
Medicare
You only know your experience with each of the payers.

HYVE HEALTH

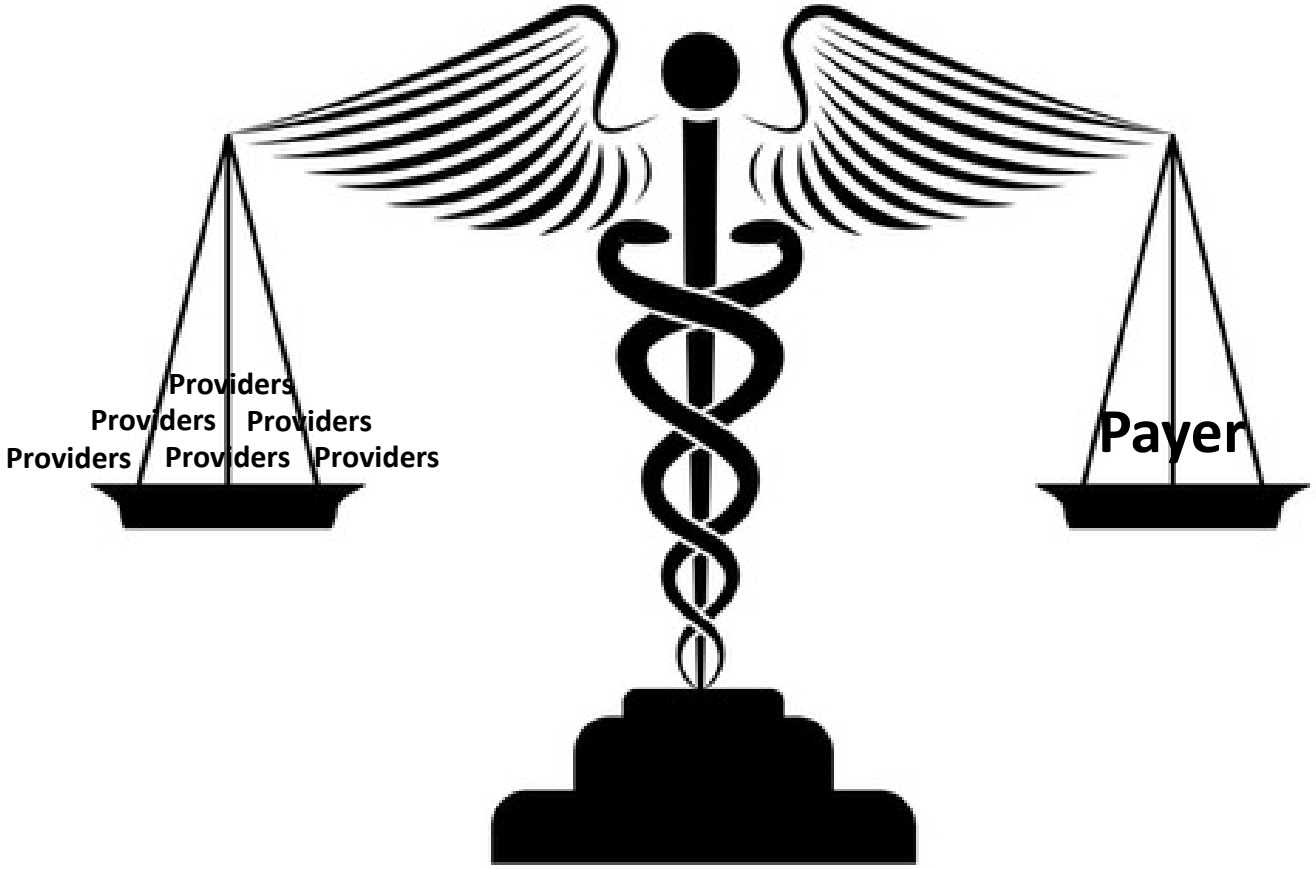
Hyve’s Perspective

How do providers solve the imbalance of data?

UNITING TOGETHER!


PROVIDERS
PAYER

Providers uniting is the only way to balance the scales



Solution: Aggregated, Democratized Data

Create the most CREDIBLE data

- Harvest raw 837/835 data from the source.
- Hospitals are the source.

Create the most TIMELY data

- Timely data is needed to influence change.
- 6-18 month old data

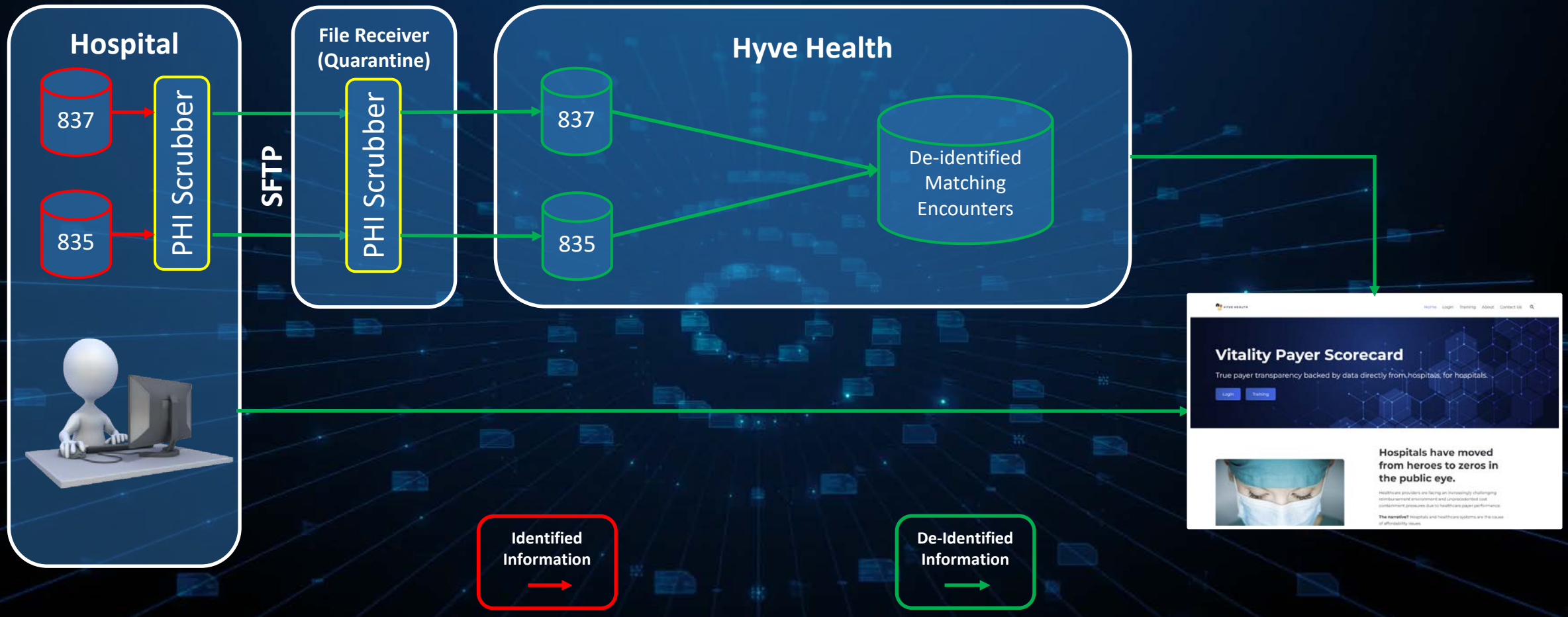
Create the most SECURE data

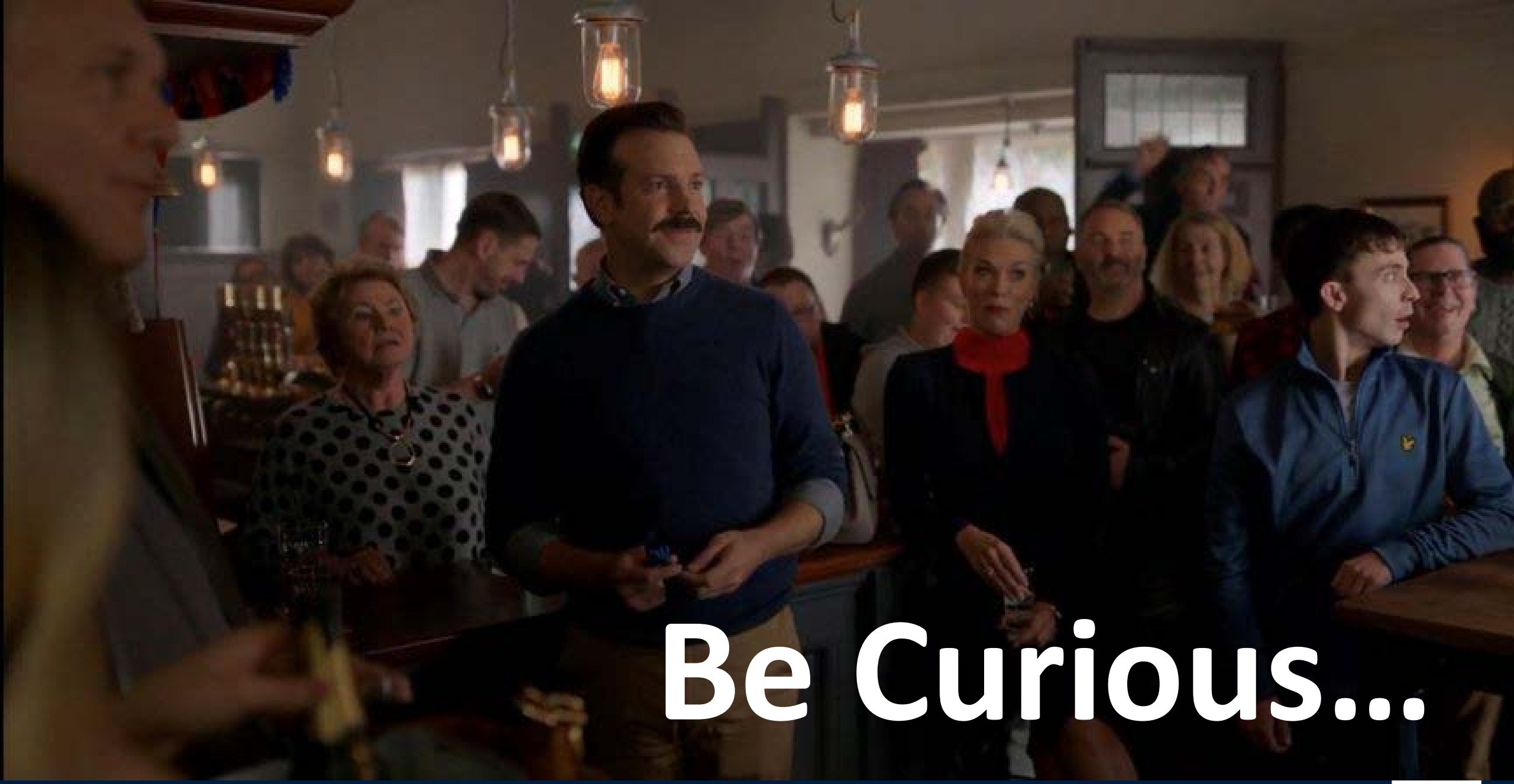
- PHI from 837/835s is removed at the source.
- No BAA needed.

Create the SAFEST data

- Hospitals cannot see each other's data.
- Anonymity is crucial

PHI Scrubber and Data Flow



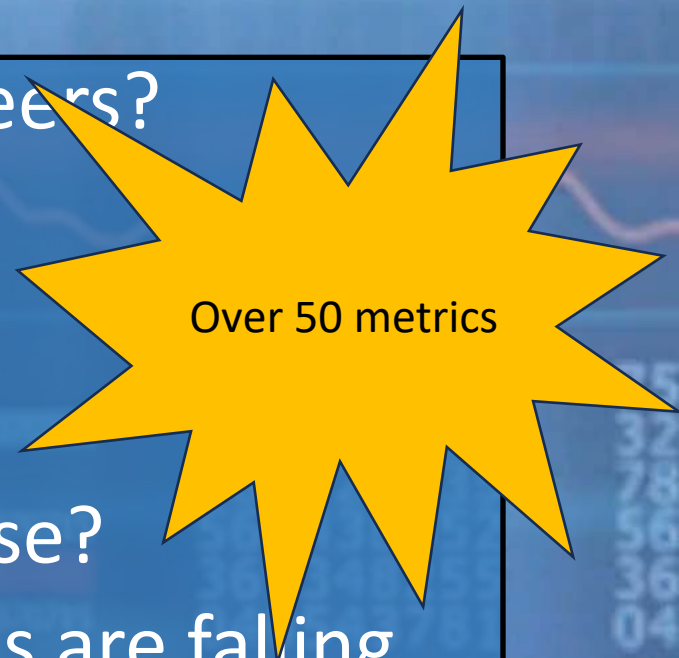

Be Curious…

Be Curious: Wouldn't you like to know if…

- Your hospital had the lowest (best) denials in the state? In the country?!
  - How do you know this today?
- Your reimbursement was the lowest (worst) in your market? In your state?
  - How do you know this day
- **For the first time, you and your peers could share payer data, resulting in the ability to hold insurance companies accountable for their out of control, unchecked behavior…denial, slow payments, downcoding, and low reimbursement.**

What can the Vitality Payer Scorecard tell me?

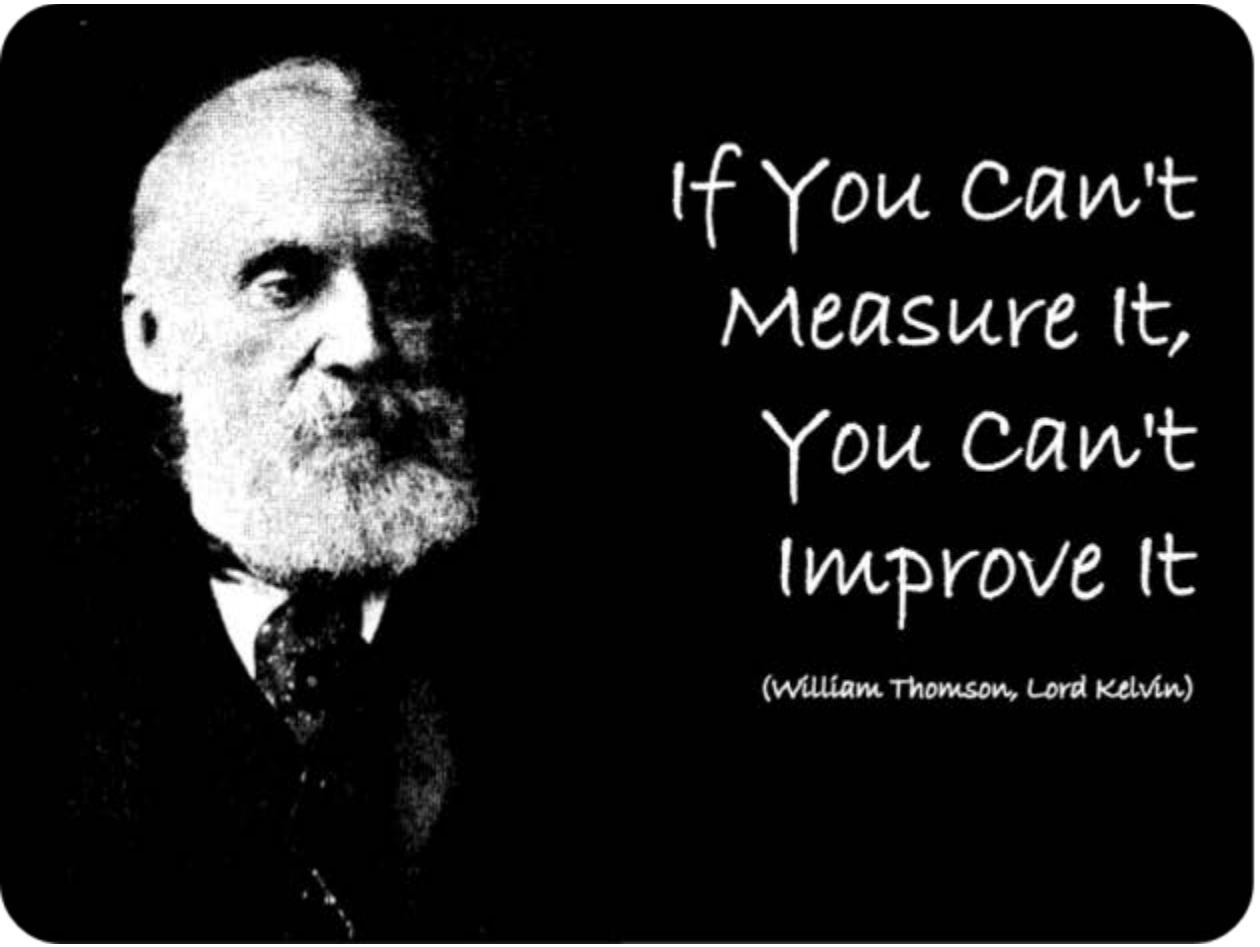
- How slow am I getting paid compared to my peers?
- What percent of my claims are paid first time?
- How fast do we get claims out to payers?
- How does my reimbursement compare?
- Am I being downcoded more than everyone else?
- Am I losing reimbursement because my charges are falling below contracts rates?
- Am I getting denied more than my peers?

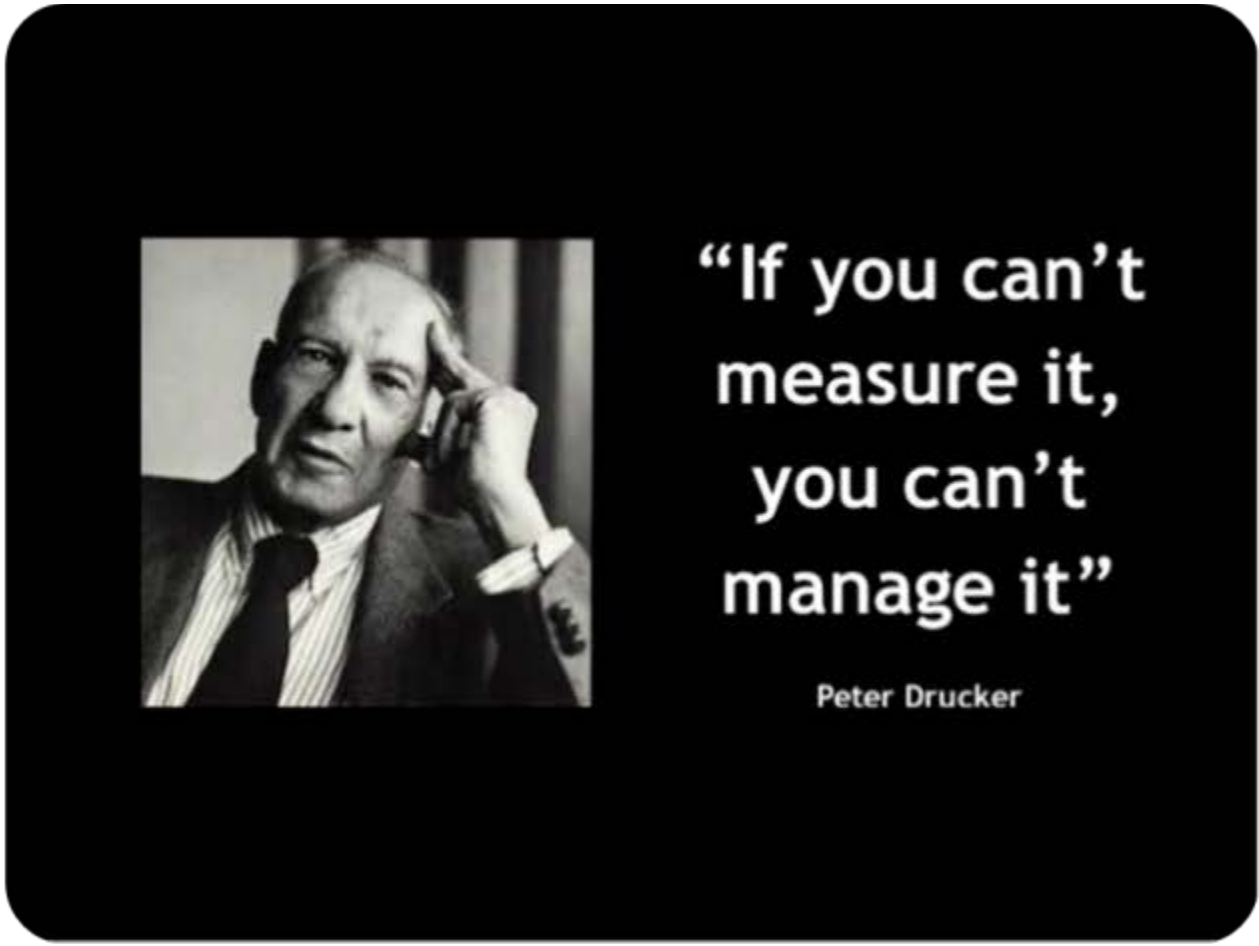


How can I compare myself to others?

- Financial Class (Comm, Medicare, MA, Medicaid, Managed Medicaid)
- Payer (Aetna, BCBS, UHC, Cigna, Humana, etc)
- Specialty (OB, Cardiac, Ortho, etc)
- Patient Type (IP, OP, ED, OBS)
- IP, Orthopedic, UnitedHealthcare Medicare Advantage
- You vs the state
- You across states
- Not limit to your EHR, Clearinghouse, or other vendors.

Over 3600 combinations per metric


If You Can't
Measure It,
You Can't
Improve It
(William Thomson, Lord Kelvin)


“If you can’t
measure it,
you can’t
manage it”
Peter Drucker

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Let’s be curious...

How long does it take to submit claim (across AL, AR, KY, LA, MO, TN)?

- Slowest

Hospital	Discharge to Claim (days)
HOSPITAL 835	33.3
HOSPITAL 660	28.2
HOSPITAL 1080	26.4
HOSPITAL 177	23.5
HOSPITAL 720	21.6
HOSPITAL 712	19.6
HOSPITAL 1021	19.3
HOSPITAL 656	18.6
HOSPITAL 609	17.5
HOSPITAL 138	17.0
HOSPITAL 611	16.6
HOSPITAL 137	16.0
HOSPITAL 837	15.5
HOSPITAL 552	15.1
HOSPITAL 406	14.7
HOSPITAL 1024	14.7
HOSPITAL 610	14.2

- Fastest

Hospital	Discharge to Claim (days)
HOSPITAL 696	3.0
HOSPITAL 1090	5.2
HOSPITAL 564	5.3
HOSPITAL 562	5.5
HOSPITAL 574	5.6
HOSPITAL 563	5.7
HOSPITAL 566	5.9
HOSPITAL 561	6.0
HOSPITAL 557	6.2
HOSPITAL 560	6.3
HOSPITAL 576	6.3
HOSPITAL 505	6.3
HOSPITAL 419	6.4
HOSPITAL 559	6.5
HOSPITAL 701	6.6
HOSPITAL 504	6.8
HOSPITAL 606	6.9

What's my denial rate? (across AL, AR, KY, LA, MO, TN)?

- Highest

Hospital	Full Denial Val (%)	Full Denial Vol (%)	Cured Denial Val (%)	Cured Denial Vol (%)
HOSPITAL 1077	19.0%	11.8%	6.6%	7.2%
HOSPITAL 662	15.9%	14.1%	2.1%	2.2%
HOSPITAL 837	13.7%	6.3%	7.5%	2.4%
HOSPITAL 47	12.4%	6.2%	2.5%	0.6%
HOSPITAL 576	12.0%	16.6%	4.7%	3.9%
HOSPITAL 775	11.1%	7.4%	4.2%	1.0%
HOSPITAL 506	10.7%	10.0%	2.3%	1.8%
HOSPITAL 1024	10.7%	7.3%	2.8%	1.6%
HOSPITAL 952	10.5%	8.0%	4.8%	2.3%
HOSPITAL 712	10.5%	13.5%	6.2%	2.7%
HOSPITAL 719	10.4%	3.7%	2.3%	1.3%
HOSPITAL 140	10.3%	7.1%	6.4%	4.1%
HOSPITAL 608	10.3%	6.7%	2.9%	1.5%
HOSPITAL 606	9.8%	7.0%	2.9%	2.3%
HOSPITAL 139	9.7%	5.8%	3.2%	1.3%
HOSPITAL 177	9.7%	7.4%	2.5%	1.6%

- Lowest

Hospital	Full Denial Val (%)	Full Denial Vol (%)	Cured Denial Val (%)	Cured Denial Vol (%)
HOSPITAL 698	1.8%	1.1%	0.1%	0.2%
HOSPITAL 1023	2.4%	1.8%	1.7%	0.9%
HOSPITAL 652	2.8%	2.3%	1.4%	0.6%
HOSPITAL 695	3.0%	1.9%	1.9%	1.2%
HOSPITAL 939	3.1%	2.1%	2.0%	1.5%
HOSPITAL 701	3.2%	1.6%	1.6%	0.5%
HOSPITAL 1015	3.2%	2.6%	1.2%	0.9%
HOSPITAL 1078	3.5%	4.5%	1.4%	0.8%
HOSPITAL 653	3.6%	2.5%	1.4%	0.6%
HOSPITAL 561	3.6%	3.2%	8.0%	1.3%
HOSPITAL 1022	3.6%	3.2%	1.6%	1.2%
HOSPITAL 700	3.8%	2.2%	2.7%	0.8%
HOSPITAL 1025	3.8%	2.6%	2.4%	1.1%
HOSPITAL 1006	3.8%	2.8%	1.9%	1.8%
HOSPITAL 694	3.8%	2.6%	2.6%	1.6%
HOSPITAL 1018	3.8%	2.9%	1.6%	1.6%

Am I losing reimbursement? (across AL, AR, KY, LA, MO, TN)?

- Lessor Rate or Charge

Hospital	Charges LRC ($)	LRC (%)	Paid Amount LRC ($)	Remits LRC (#)
HOSPITAL 54	9,415,248	1.46%	6,674,424	1,786
HOSPITAL 1025	9,302,457	0.74%	7,860,446	1,011
HOSPITAL 50	8,019,841	0.92%	6,248,289	1,180
HOSPITAL 661	6,284,440	0.40%	4,549,173	1,459
HOSPITAL 471	5,929,932	0.51%	4,953,345	2,486
HOSPITAL 1023	5,153,926	0.33%	4,359,859	490
HOSPITAL 1009	5,091,014	0.24%	3,885,524	2,138
HOSPITAL 1078	4,898,768	0.23%	4,266,405	375
HOSPITAL 565	4,335,103	0.34%	3,497,509	685
HOSPITAL 52	3,206,438	0.97%	2,385,462	1,028
HOSPITAL 559	2,506,933	0.50%	2,081,752	301
HOSPITAL 139	2,416,237	0.54%	1,088,554	430
HOSPITAL 53	2,166,918	0.76%	1,553,866	662
HOSPITAL 699	1,718,164	0.26%	1,406,172	336
HOSPITAL 51	1,686,263	0.90%	1,188,867	667
HOSPITAL 666	1,642,076	0.15%	1,102,985	258
HOSPITAL 608	1,555,135	0.16%	1,173,078	268

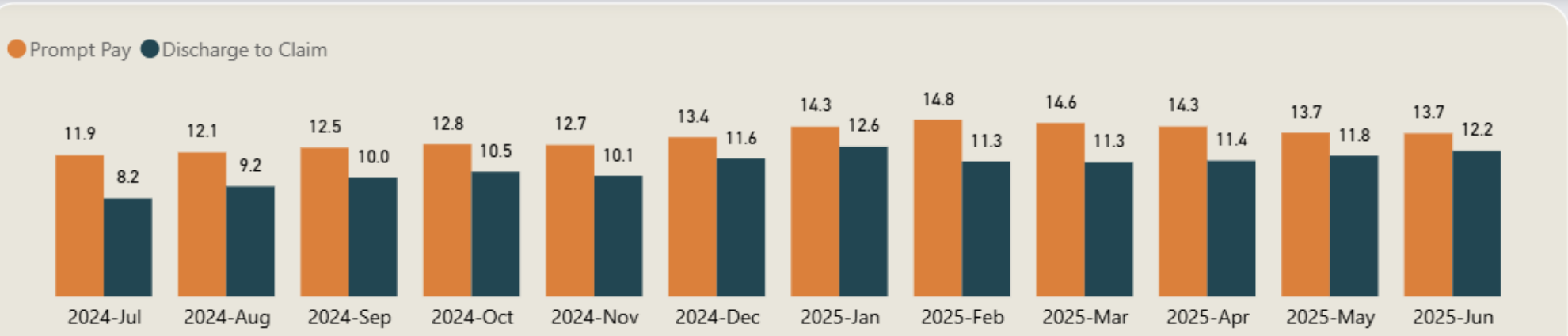
- Downcoding

Hospital	Charges Downcoded ($)	Downcoded (%)	Paid Amount Downcoded ($)	Remits Downcoded (#)
HOSPITAL 1039	19,269,865	1.12%	1,115,304	1,685
HOSPITAL 565	11,020,145	0.75%	739,475	1,524
HOSPITAL 560	8,425,246	1.24%	597,849	1,560
HOSPITAL 717	8,057,635	0.82%	833,752	1,263
HOSPITAL 693	7,933,033	0.61%	933,641	1,068
HOSPITAL 516	7,799,077	0.24%	749,417	1,081
HOSPITAL 563	6,929,216	1.01%	538,378	1,275
HOSPITAL 559	6,402,484	1.93%	522,804	1,176
HOSPITAL 695	5,423,343	0.57%	552,444	793
HOSPITAL 1025	5,361,910	0.60%	530,705	819
HOSPITAL 1009	5,143,762	0.12%	576,444	1,047
HOSPITAL 718	4,884,030	0.76%	608,887	694
HOSPITAL 553	4,781,230	2.06%	768,934	1,623
HOSPITAL 557	4,247,498	0.51%	369,187	623
HOSPITAL 415	4,129,446	0.21%	1,453,393	896
HOSPITAL 564	3,880,069	0.76%	336,407	931

Mid-South state's experience

Prompt Pay (days)

13.4



Payer by Specialty

State	Payer Paid ($)	POC (%)	POC Clean (%)	Paid Clean 30d ($)	Prompt Pay > 30d (%)	Remits Clean 30d (#)	Discharge to Claim (days)	First Pass Yield (%)	Prompt Pay (days)	Prompt Pay Cured Denials (days)
AL	6,176,170,761	21.6%	22.2%	430,021,315	2.6%	93,498	11.2	88.4%	13.8	70.1
AR	3,231,234,097	22.4%	23.9%	227,226,687	2.6%	59,397	10.9	84.5%	14.2	64.1
KY	3,563,402,853	18.8%	19.7%	167,449,111	2.3%	62,577	11.7	83.9%	11.1	68.6
LA	1,426,990,490	22.4%	24.1%	82,882,763	2.4%	22,638	10.4	87.8%	13.2	77.3
MO	146,357,265	15.8%	16.6%	8,471,424	3.5%	2,553	8.3	88.8%	14.3	59.9
TN	2,923,961,280	20.4%	20.3%	137,357,091	3.2%	45,786	8.9	75.5%	15.2	71.8

Commercial First time and Slow payments?

Payer Type	Payer Paid ($)	POC (%)	POC Clean (%)	Paid Clean 30d ($)	Prompt Pay > 30d (%)	Remits Clean 30d (#)	Discharge to Claim (days)	First Pass Yield (%)	Prompt Pay (days)	Prompt Pay Cured (days)
Commercial										
Blue Cross/Blue Shield										
AL	2,163,401,744	31.4%	29.4%	170,834,811	2.2%	24,933	10.2	95.2%	11.2	77.7
TN	585,942,288	31.7%	36.1%	29,323,136	2.4%	4,205	7.5	51.8%	12.5	91.3
AR	568,535,638	29.5%	31.1%	99,817,635	4.0%	14,637	9.8	86.8%	12.8	87.1
LA	410,970,245	44.0%	44.4%	36,523,202	2.6%	4,425	8.8	91.7%	16.3	92.2
KY	45,258,547	39.0%	43.7%	4,259,039	2.6%	532	10.6	79.0%	9.1	75.9
MO	28,981,903	42.4%	44.7%	3,061,933	3.7%	298	7.6	93.1%	15.1	82.7
Anthem	**854,761,587**	**32.3%**	**33.8%**	**47,116,574**	**2.0%**	**10,011**	**10.8**	**82.3%**	**10.8**	**77.6**
United Healthcare										
AL	252,802,753	26.1%	31.7%	26,006,446	4.2%	4,466	12.2	74.5%	18.3	86.6
KY	147,149,285	43.8%	47.1%	16,114,157	3.9%	3,317	10.3	87.8%	16.7	73.0
AR	139,572,374	32.5%	32.7%	24,921,592	5.0%	4,789	10.1	87.5%	19.6	84.4
TN	139,109,175	37.6%	36.3%	10,480,265	4.4%	2,850	9.6	77.9%	17.6	89.9
LA	105,461,119	36.6%	39.1%	13,478,878	4.3%	2,580	9.5	88.4%	17.0	82.8
MO	11,263,142	30.4%	31.0%	1,210,305	5.7%	307	7.6	92.7%	17.9	84.2

TN First Pass w BCBS

AR Slow Payments

MA First time and Slow payments?

UHC MA vs Humana

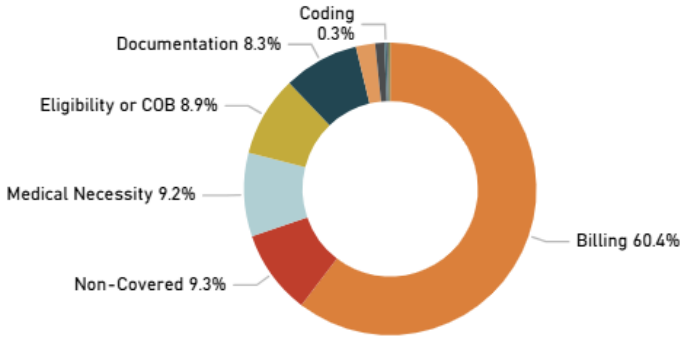
Payer Type	Payer Paid ($)	POC (%)	POC Clean (%)	Paid Clean 30d ($)	Prompt Pay > 30d (%)	Remits Clean 30d (#)	Discharge to Claim (days)	First Pass Yield (%)	Prompt Pay (days)	Prompt Pay Cured Denials (days)
Medicare Advantage										
United Healthcare										
AL	677,698,225	19.3%	20.2%	65,011,975	4.2%	18,478	11.1	90.4%	23.1	83.0
TN	379,099,282	17.3%	17.7%	11,385,688	3.3%	7,273	8.7	89.3%	21.3	90.5
AR	376,834,041	21.5%	22.9%	21,751,251	3.2%	8,711	10.6	89.3%	22.7	77.3
KY	157,164,037	15.4%	16.1%	6,475,128	2.6%	3,418	10.6	86.4%	19.6	74.4
LA	101,329,056	16.1%	16.6%	2,563,961	1.3%	1,060	10.5	90.5%	16.4	50.9
MO	15,294,831	10.1%	11.0%	623,786	6.1%	638	7.6	86.1%	17.4	72.4
Humana										
KY	261,109,092	13.7%	13.9%	11,784,715	1.6%	4,761	11.3	86.7%	6.2	79.6
AL	219,301,989	17.3%	18.6%	5,800,128	1.3%	2,461	11.6	87.5%	6.0	79.9
AR	157,295,299	21.1%	22.2%	4,937,530	0.9%	1,346	10.1	90.2%	6.2	73.6
TN	127,303,689	15.0%	15.3%	4,010,167	1.7%	1,785	8.8	88.1%	9.7	86.6
LA	119,401,505	13.3%	14.7%	6,115,668	1.2%	1,284	11.8	90.8%	6.1	83.5
MO	2,411,438	10.1%	10.7%	77,262	1.5%	24	8.5	92.2%	4.6	66.8


EXIT 11
US GOVT
EAST
Medicare
$
Medicare Advantage
"TAKE"
PRIVATE
ROAD

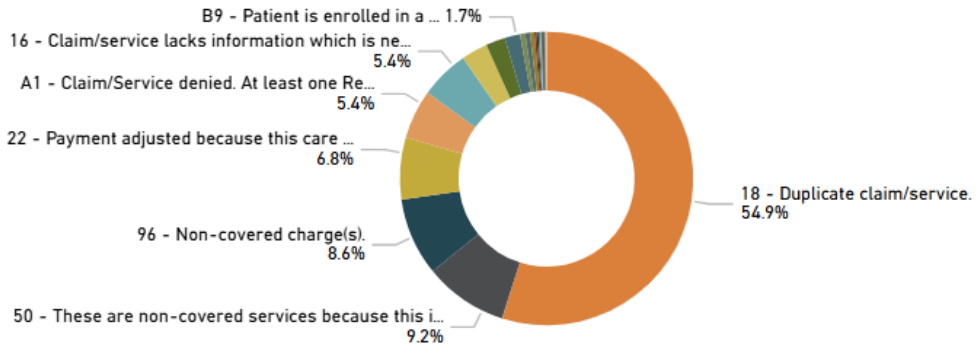
AL – Medicare FFS vs Medicare Advantage

State, Hospital: AL | Payer: All | Payer Type: Medicare FFS

Full Denials by Value by Category

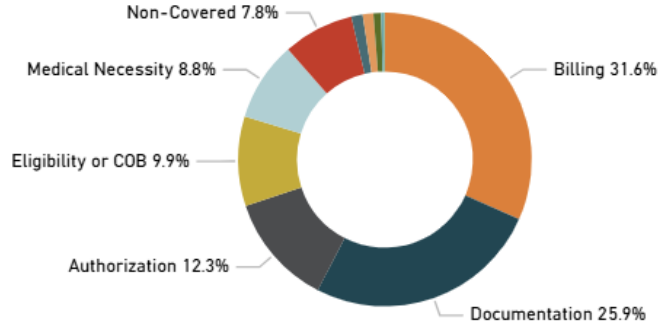


Full Denials by Value by Code

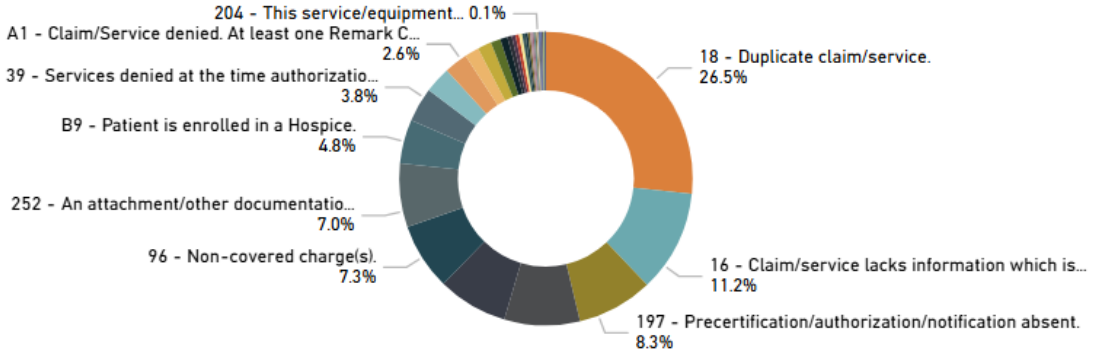


State, Hospital: AL | Payer: All | Payer Type: Medicare Advantage

Full Denials by Value by Category



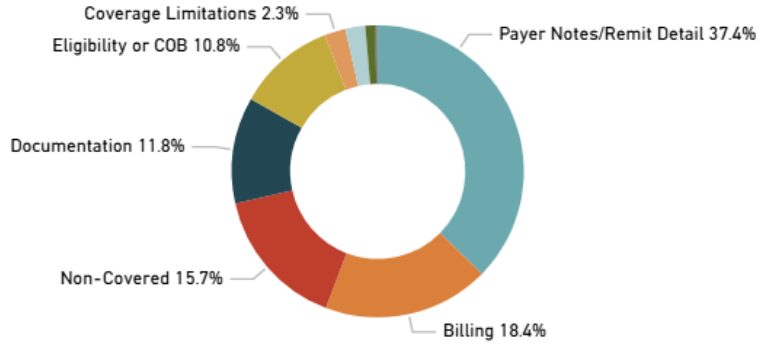
Full Denials by Value by Code



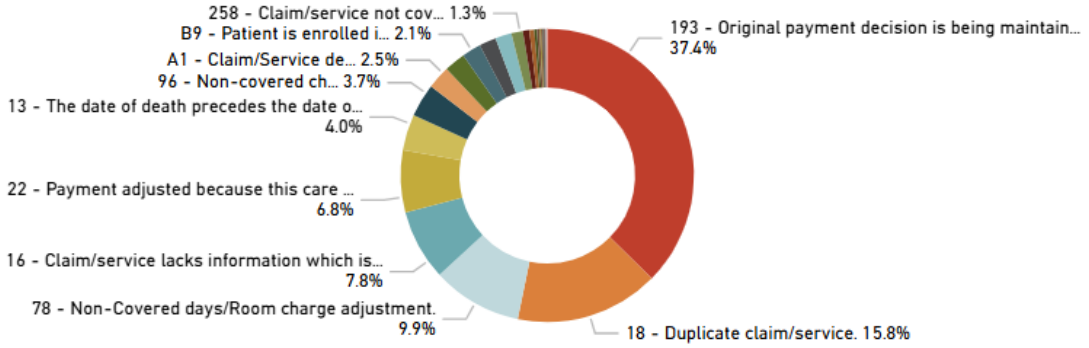
AR – Medicare FFS vs Medicare Advantage

State, Hospital: AR | Payer: All | Payer Type: Medicare FFS

Full Denials by Value by Category

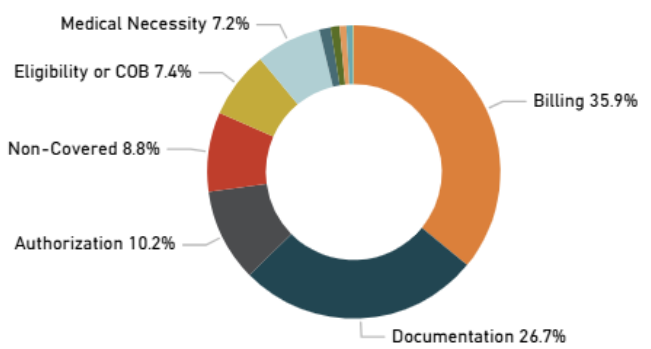


Full Denials by Value by Code

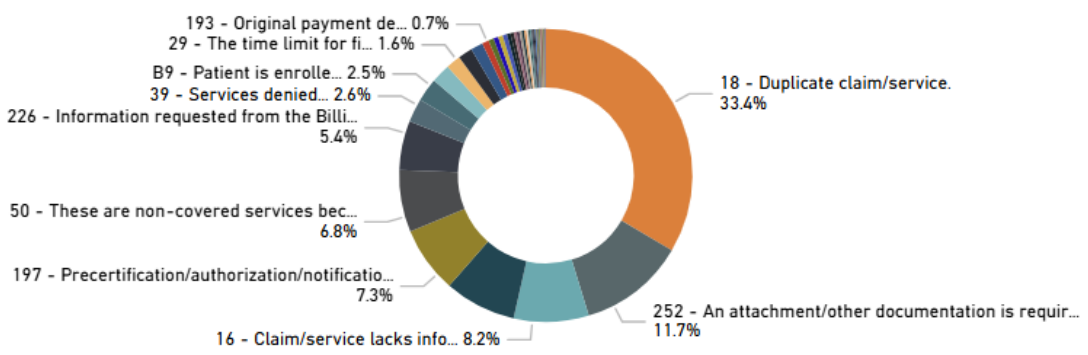


State, Hospital: AR | Payer: All | Payer Type: Medicare Advantage

Full Denials by Value by Category



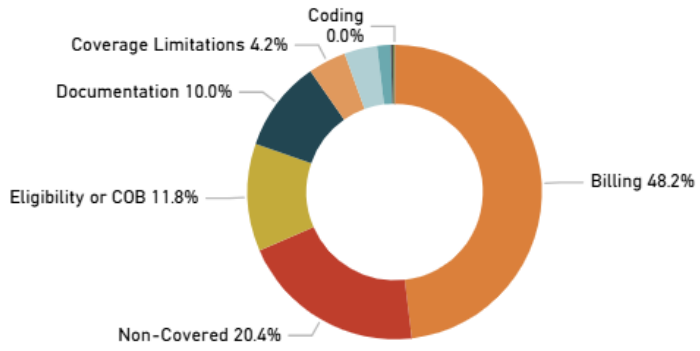
Full Denials by Value by Code



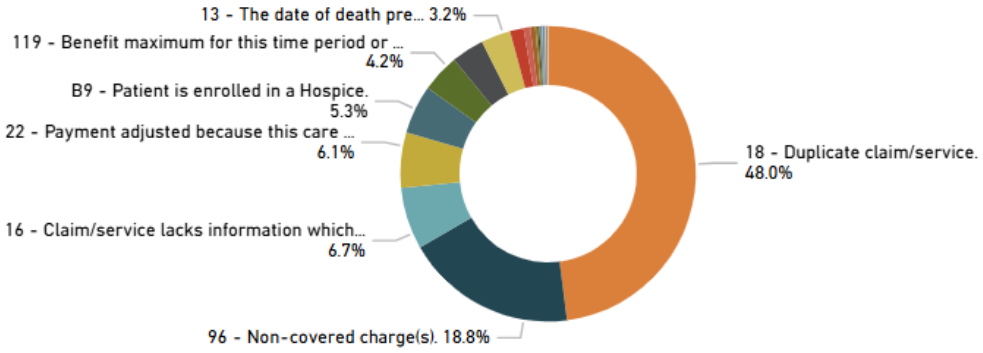
KY – Medicare FFS vs Medicare Advantage

State, Hospital: KY | Payer: All | Payer Type: Medicare FFS

Full Denials by Value by Category

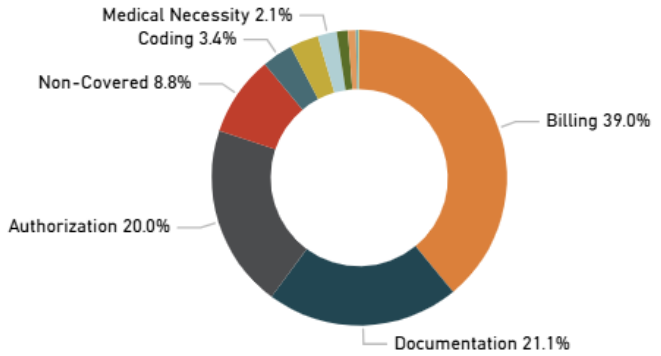


Full Denials by Value by Code

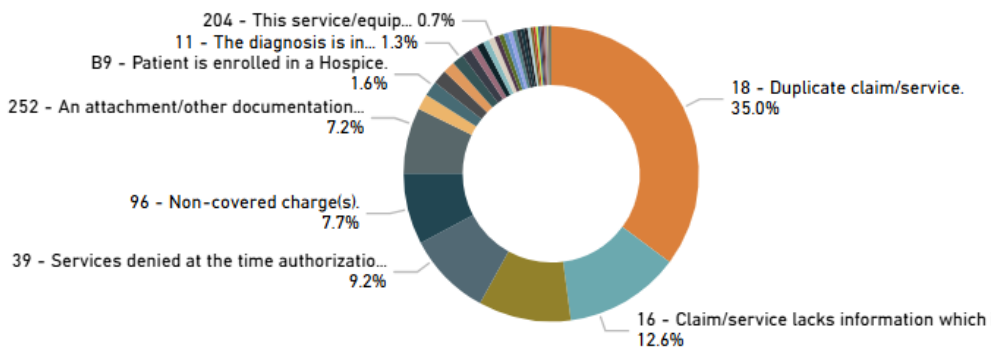


State, Hospital: KY | Payer: All | Payer Type: Medicare Advantage

Full Denials by Value by Category



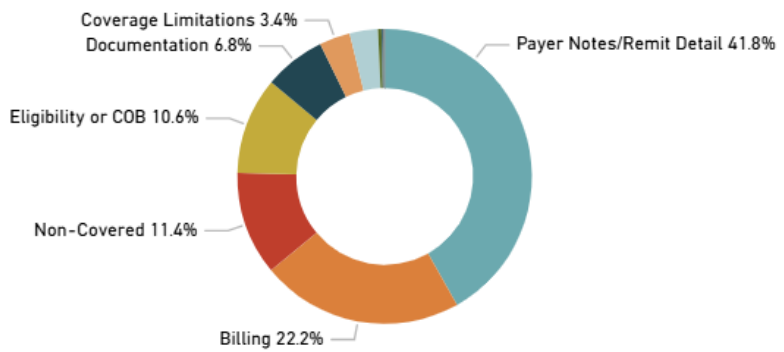
Full Denials by Value by Code



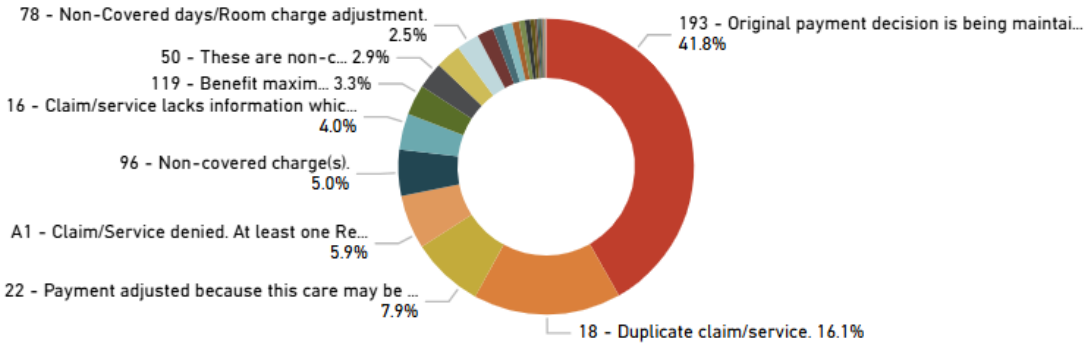
LA – Medicare FFS vs Medicare Advantage

State, Hospital: LA | Payer: All | Payer Type: Medicare FFS

Full Denials by Value by Category

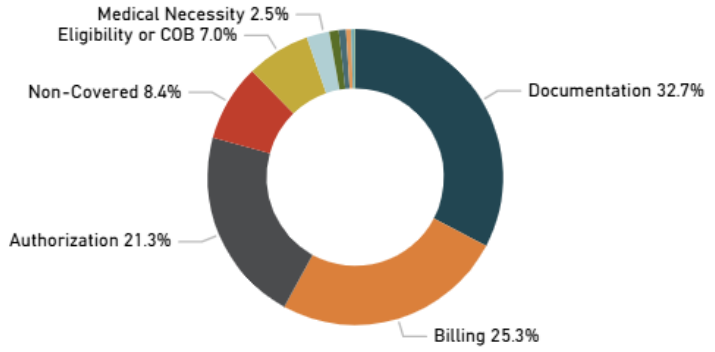


Full Denials by Value by Code

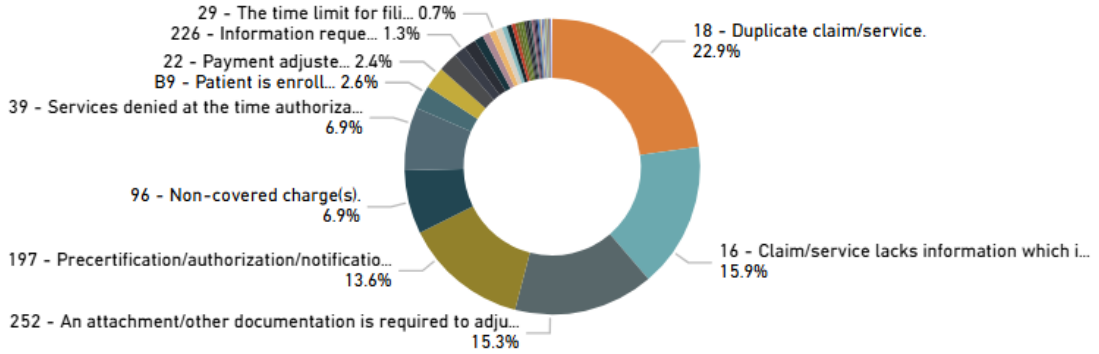


State, Hospital: LA | Payer: All | Payer Type: Medicare Advantage

Full Denials by Value by Category



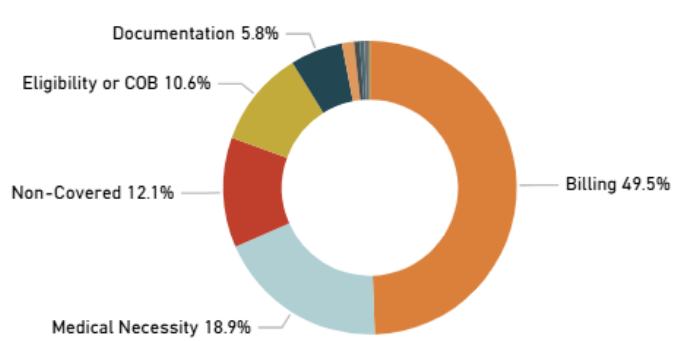
Full Denials by Value by Code



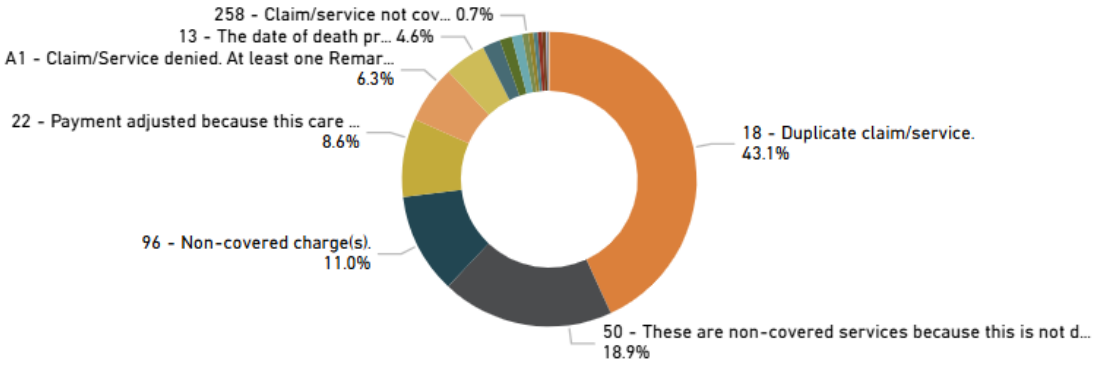
TN – Medicare FFS vs Medicare Advantage

State, Hospital: TN | Payer: All | Payer Type: Medicare FFS

Full Denials by Value by Category

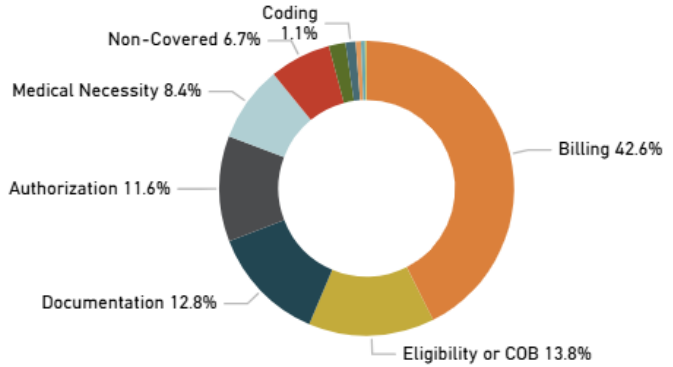


Full Denials by Value by Code

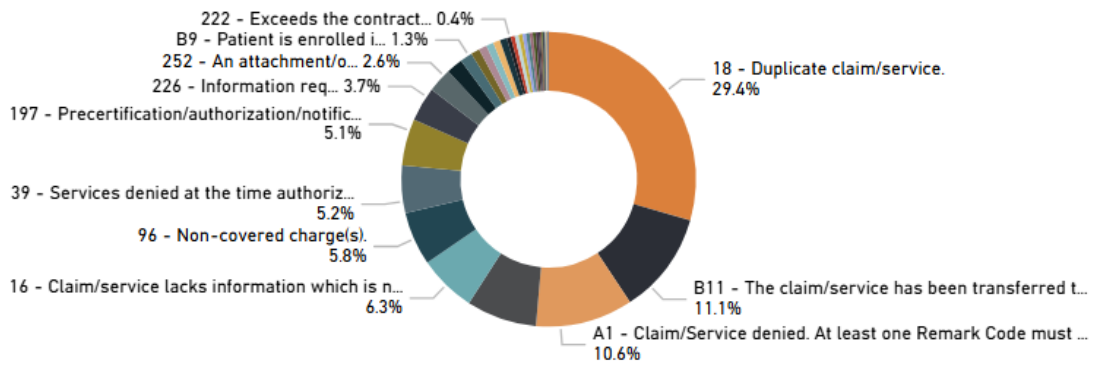


State, Hospital: TN | Payer: All | Payer Type: Medicare Advantage

Full Denials by Value by Category



Full Denials by Value by Code



The time has come for hospitals to unite

- **Data** is the primary difference between why **payers are winning** and **providers are losing**.
- Providers need normalized, national, and state data to **go on the offense against payers**.
- Peter Drucker: **"You can't manage what do you can't measure."**

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