AHA Vitality Index™

Comparative financial and operational data straight from hospitals for better decision making

HYVE HEALTH

American Hospital Association™
Advancing Health in America

AHA CENTER FOR HEALTH INNOVATION

Commercial Payer Practices
are receiving more prominent coverage in the media

hfma
Healthcare Financial Management Association

OIG calls out issues with denials of payment and services in Medicare Advantage

BECKER'S
PAYER ISSUES

19 Tenet hospitals sue Cigna over alleged low reimbursement rates, denied claims

WSB-TV 2 ATLANTA

**State slaps Anthem Blue Cross Blue Shield with $5M in fines**

BECKER'S
ASC REVIEW

Insurer under fire for millions in unpaid claims

Recognition of the negative impact of these practices is mounting

An ecosystem of data to support all AHA member constituencies

The American Hospital Association

- o Collaboration with Hyve Health to market and support the data collection and standardization
- o National data set to amplify messaging about commercial payers' behavior

State Hospital Associations

- o State level commercial payer information
- o National and state level benchmarks to amplify messaging about commercial payers' behavior
- o Insights into hospital performance

Data from hospitals, for hospitals

Hospitals

- o Systematic, visual review of all claims and remittances
- o Peer group comparisons
- o National and state level benchmarks

Health Systems

- o Aggregate hospital performance across states and hospital type
- o National and state level benchmarks

Vitality Index will supply us with powerful, quantitative evidence to support our work against these anticompetitive practices

Holding commercial insurers accountable: Priority issues to address

1. Health plan utilization management and other business practices leading to:

   - Delayed or denied patient access to medically appropriate care

   - Clinician burn out

   - Excessive administrative cost and burden in the health care system

2. Lopsided access to financial resources and data that enables commercial health plans to reshape the health care landscape through vertical integration at the expense of patient care.

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American Hospital Association + Allied Hospital Associations

○ The AHA is strategically partnering with allied hospital associations to create a national database of de-identified claims data from hospitals across the country

○ Allied associations and their member hospitals can gain access to benchmarks, insights, and patterns not available anywhere else in the industry

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Hospitals & Health Systems

o Using benchmark comparisons, accounts receivable and prompt payment information by payer can help health systems assess the root causes of claims payment delays

o Comparing denials details across payers, payer types, and lines of business can help health systems evaluate billing and medical record documentation issues. It can also highlight egregious payer denial practices

What if we could see the whole picture

to address commercial payer issues and help your organization better navigate this environment?
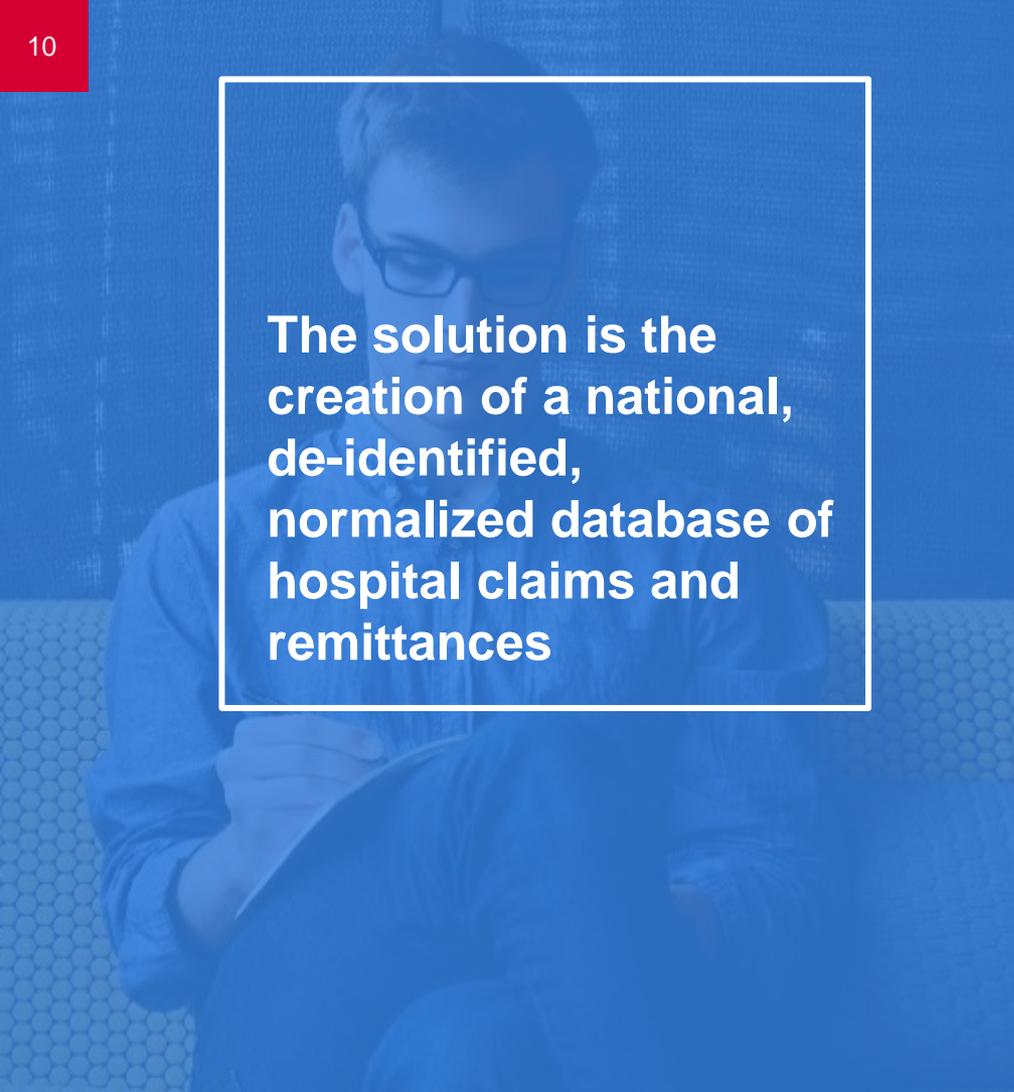
The solution is the creation of a national, de-identified, normalized database of hospital claims and remittances

Hospitals lack critical data to help address the challenges caused by commercial payer issues

There are no unbiased industry standards or measurements that can help hospitals analyze the operational and financial efficiency of their hospital compared to the rest of the field

Until now…

True transparency
Backed by data directly from hospitals, for hospitals

Hospitals are currently operating in their own data silos

AHA Vitality Index is backed by aggregated, de-identified claims data
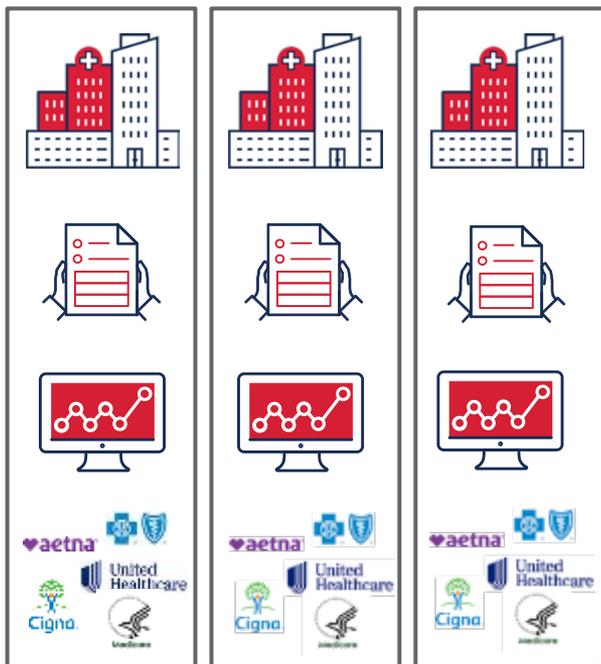
It's time for hospitals to use their data wisely to see the whole picture
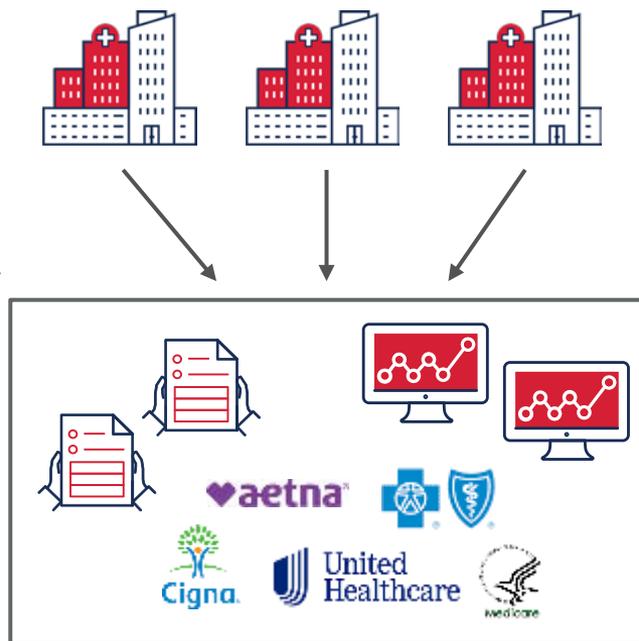
Answer questions that were once unanswerable

- What hospitals have claim processing challenges and which are efficient?

- What payers have prompt payment timing issues?

- What hospitals have denial issues where others to do not?

- What payers have denial issues across specific states (national and state payers)?

- How much are managed care reimbursements across states and from what providers (percentiles not dollars)?

This helps hospitals

- ✓ **Better assist in payer performance by understanding who is thriving and who needs help**
- ✓ **Understand which payers are good or bad actors to aid in any policy/advocacy issues**

Solve issues that were once unsolvable

- "Prompt Pay" legislation and accountability

- No Surprise Billing Act and the Qualified Payment Amount (QPA)

- For years, hospitals, health systems and state associations have been trying to collaborate with each other, but lacked a unified data strategy
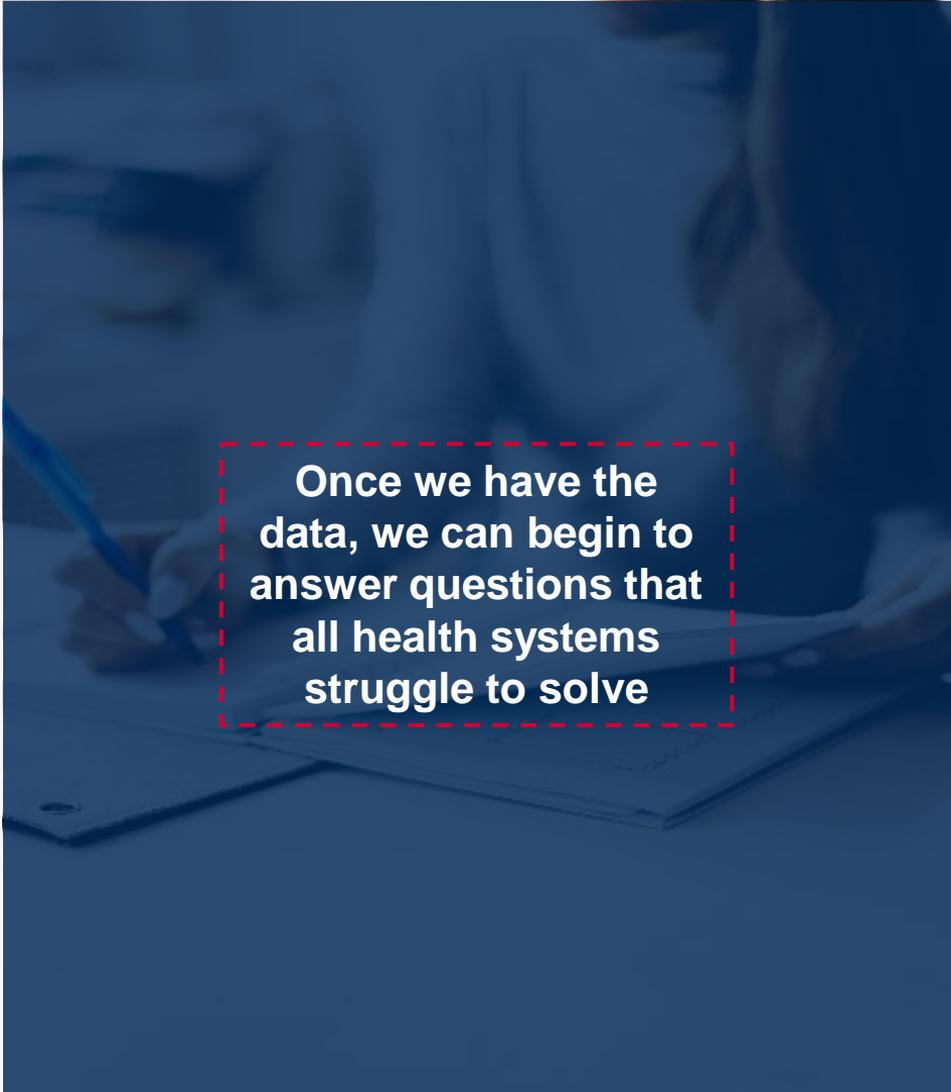
Once we have the data, we can begin to answer questions that all health systems struggle to solve
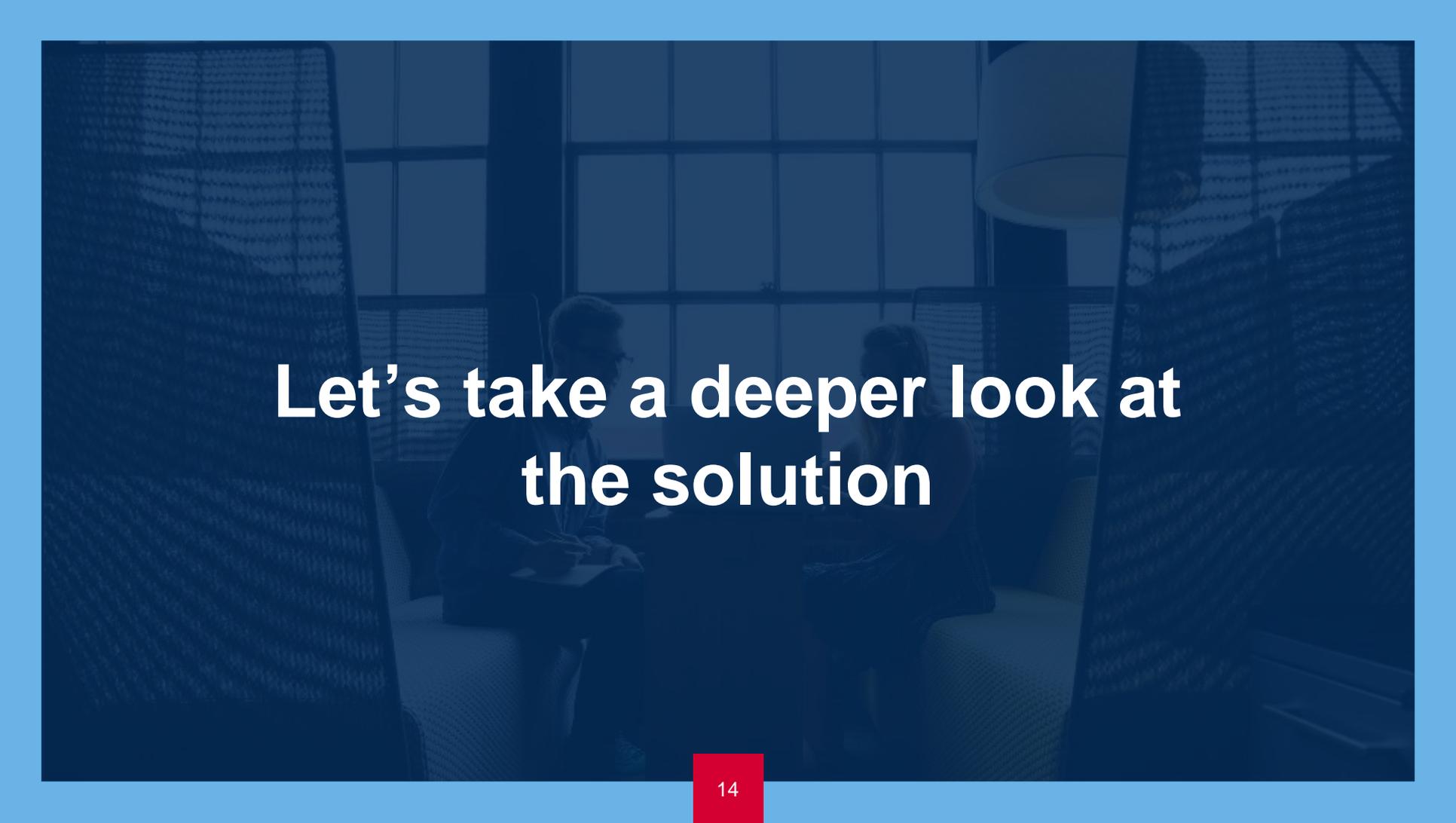
Let's take a deeper look at the solution

National Payer Scorecard
State by State
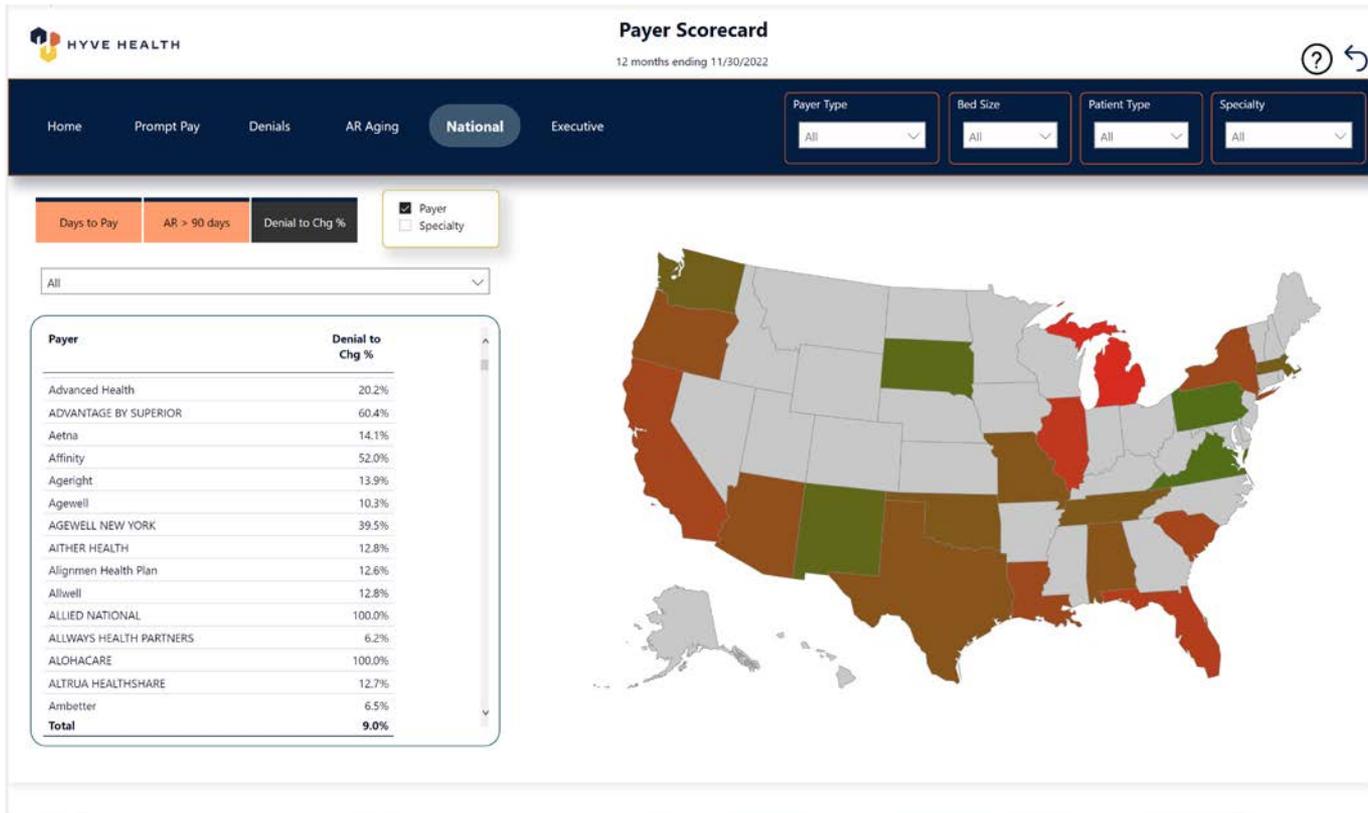
National Payer Scorecard
Prompt Pay
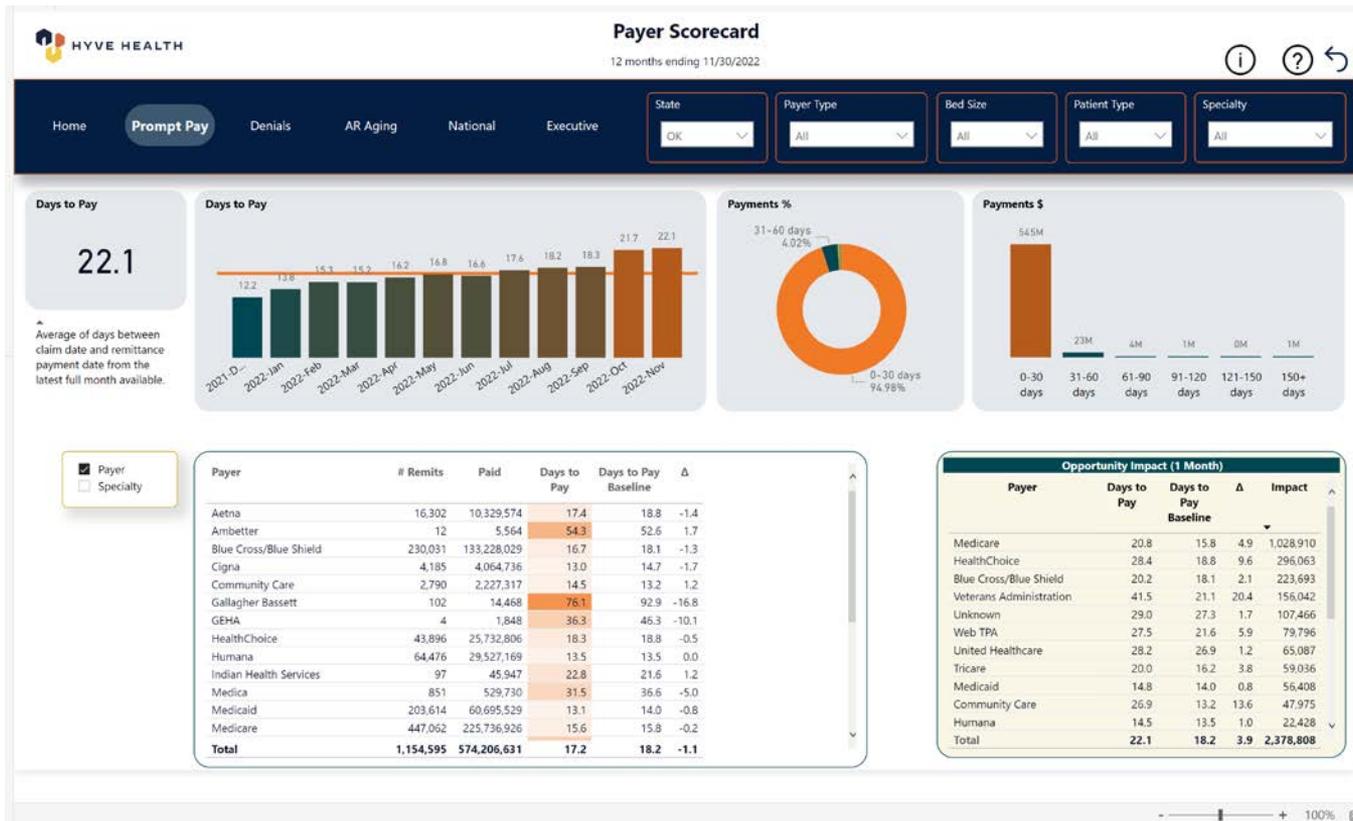
National Payer Scorecard
Denials
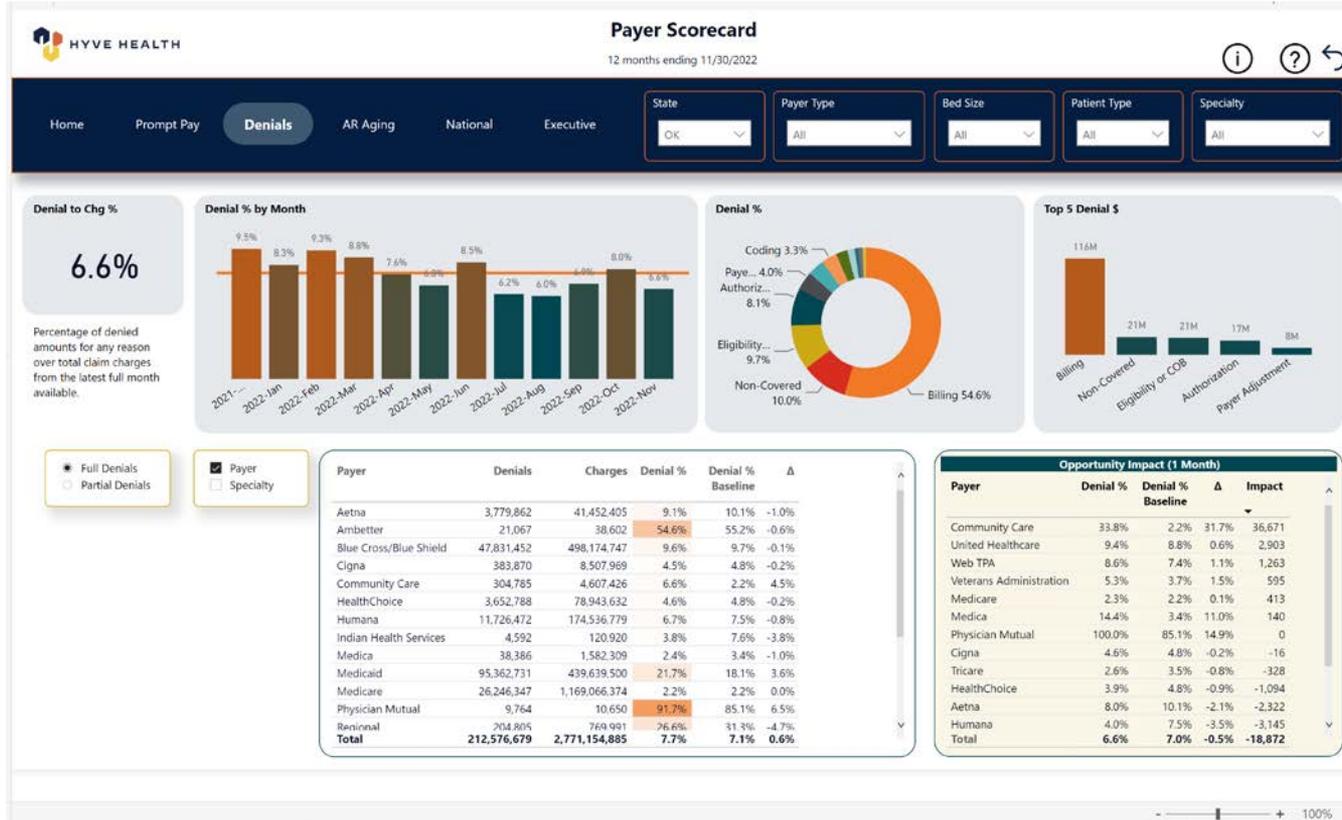
Operational metrics, focused on revenue flow
Divided into four quadrants

Velocity
measures the speed related to claims, remits and cash

Visibility
reviews aging AR and denials by payer

Volatility
looks at the risk that could impact the speed and amount of cash

Value
evaluates the amount collected by payer, patient type, specialty and denials

Get a complete picture of what's happening
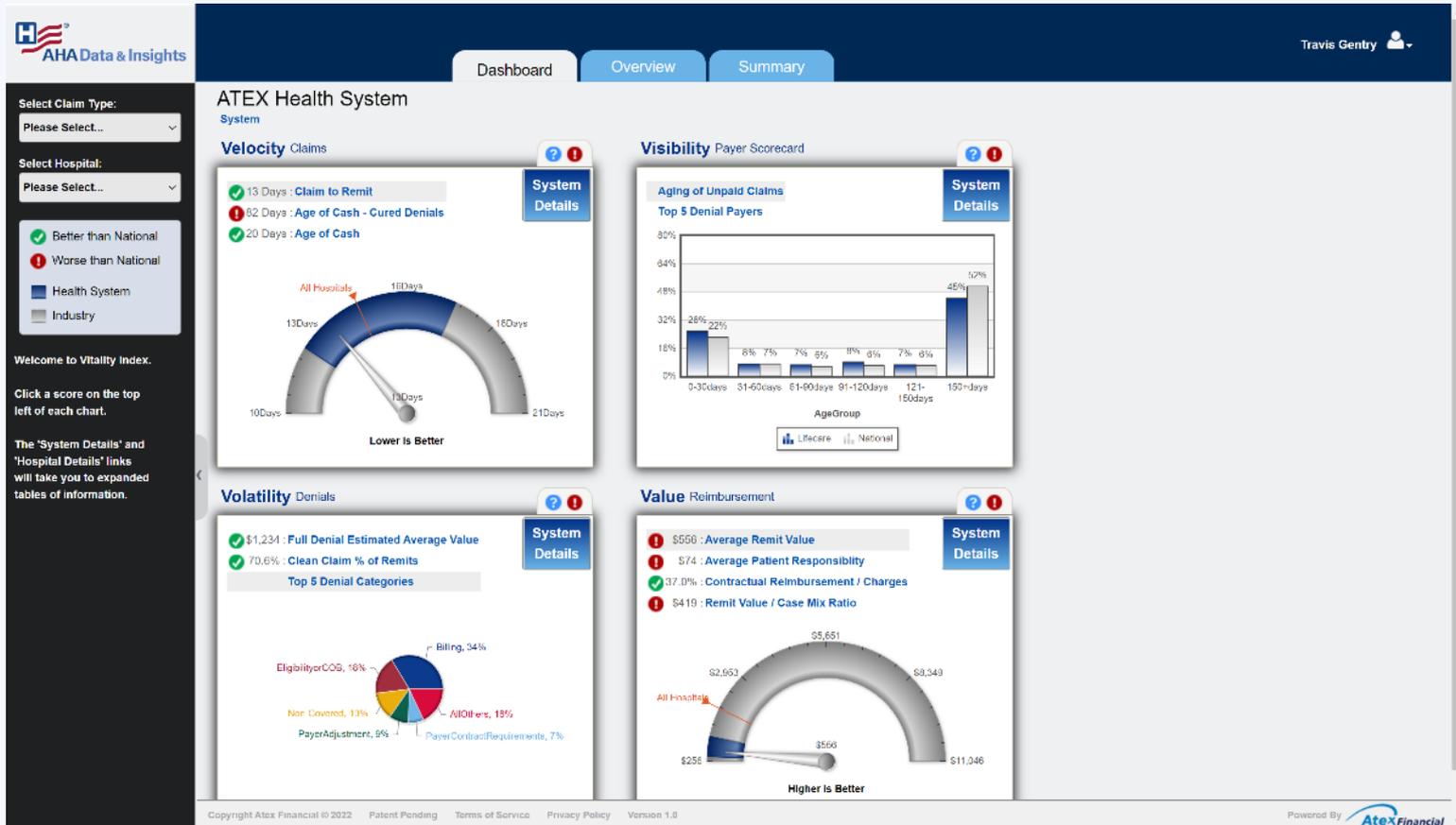
Velocity
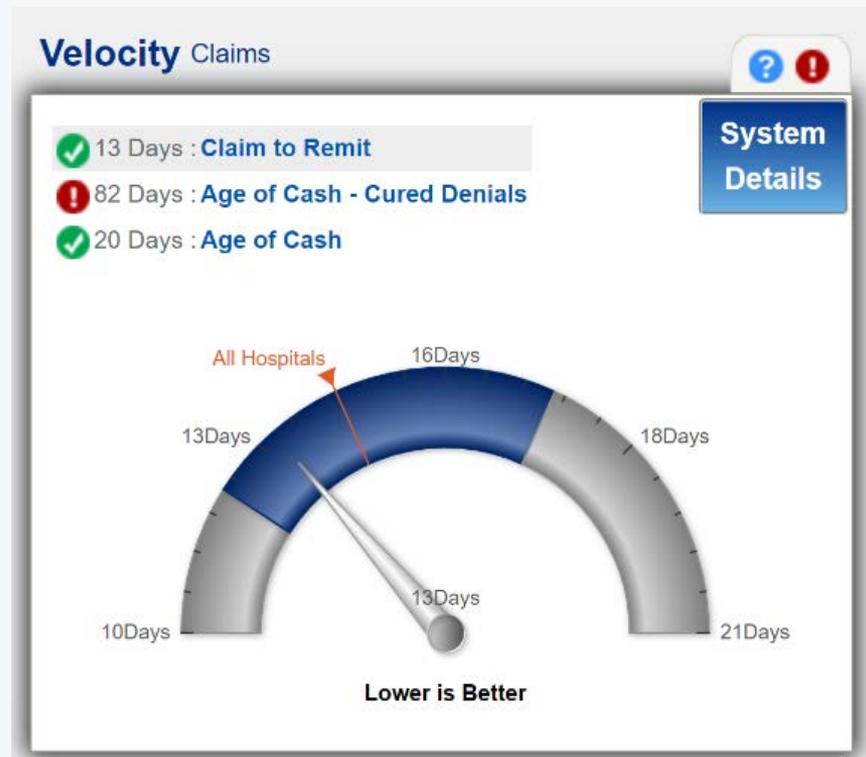
Visibility
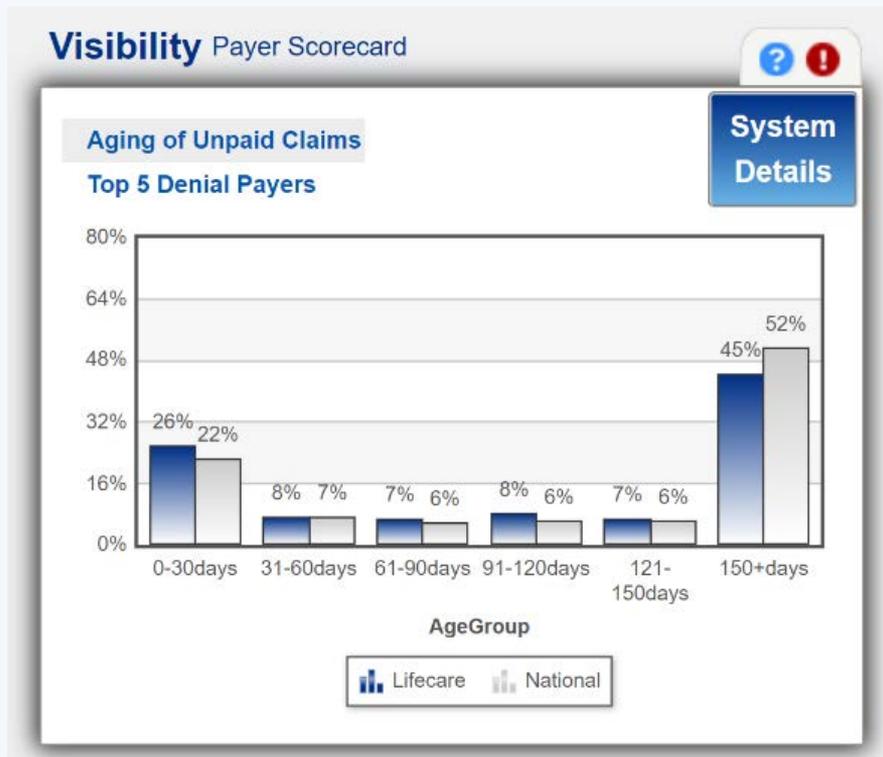
Volatility
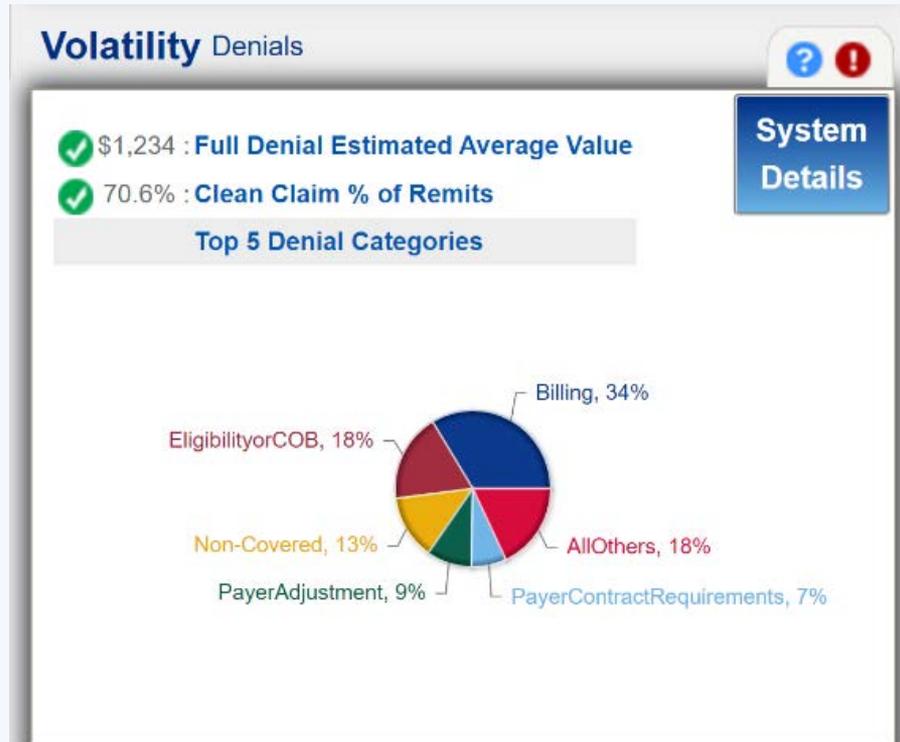
Value
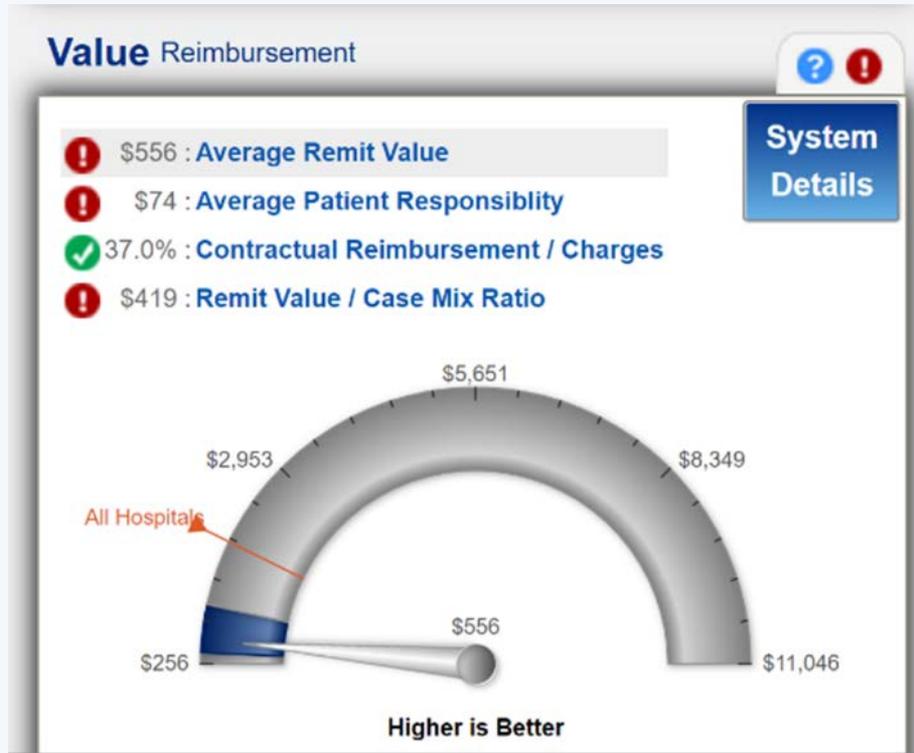
See all of your hospitals at a glance

Measure how fast payers respond with remits
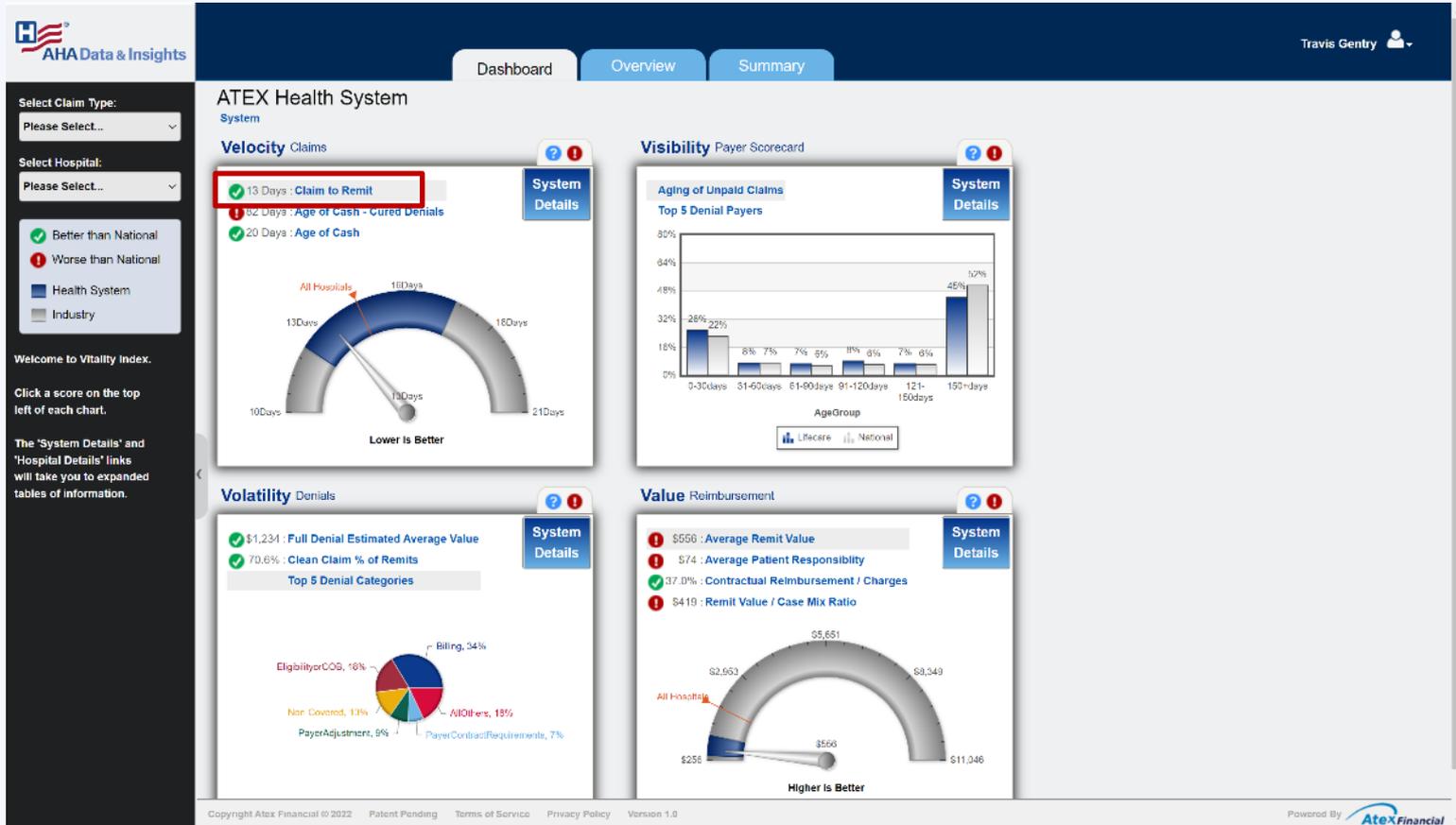
Remit response by payer by hospital

Denials by category

Denials by category by hospital

AHA Data & Insights

Travis Gentry

Full Denials - Percentage of Denials by Count By Denial Category ⓘ

Dashboard / ATEX Health System

	Overall Average	Payer Adjustment	Non-Covered	Billing	Coverage Limitations	Payer Contract Requirements
National Average	100.0%	17.1%	10.9%	32.2%	1.1%	6.0%
ATEX Health System	100.0%	9.6%	13.7%	34.6%	1.5%	6.3%
Ariel Children's Hospital	100.0%	7.9%	10.5%	45.8%	2.5%	1.6%
Estee Medical Center	100.0%	5.2%	12.9%	34.1%	1.4%	2.4%
Gentry General Hospital	100.0%	7.5%	17.4%	32.7%	1.3%	8.6%
Kemper Behavioral Health Hospital	100.0%	4.5%	7.7%	16.3%	1.6%	⊘
Meredith Rural Hospital	100.0%	8.5%	8.9%	42.3%	1.2%	9.8%
Michael Memorial Hospital	100.0%	6.9%	8.5%	48.0%	2.4%	8.5%
Waldron Community Hospital	100.0%	38.2%	4.8%	19.5%	0.8%	2.3%

Show 10 entries

Showing 1 to 7 of 7 entries

Search:

⊘ means there is no statistically significant data for that item.

Select Claim Type: Please Select...

Select Hospital: Please Select...

Select Score: Full Denials - Percentag...

Group By: Denial Category

Reset

Additional Filters
Select up to 2

Patient Type: Please Select...

Payer: Please Select...

Payer Type: Please Select...

Specialty: Please Select...

Filter Columns   Download Details

Clean Claims %

Compare Clean Claims by Payer

Compare Clean Claims by Specialty

Compare Clean Claims by Payer and Specialty

At this unprecedented time when hospitals are fighting daily to get the reimbursements they are due and lack the critical data they need to navigate these pressures

Let's come together to put aggregated, de-identified claims data in your hands for smarter decision making and help you remove bottlenecks once considered unsolvable

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Questions

Learn More:
ahadata.com/aha-vitality